

After the Cliff: The Next Three Fiscal Crises

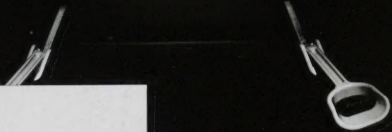
Plus: Joel Stein's
2013 Forecast

TIME

40 YEARS AGO, **ABORTION-RIGHTS** ACTIVISTS
WON AN EPIC VICTORY WITH ROE V. WADE

THEY'VE BEEN LOSING EVER SINCE

BY KATE PICKERT





Endeavour

United States

California State Center

Let's Go Places



 [#LetsGoPlaces](#) Because inspiration doesn't favor those who sit still.


TOYOTA

Let's
Go
Places

The Tundra CrewMax 5.7L V8 is towing far beyond its published towing capacity in a one-time, short-distance event. Never tow beyond a vehicle's towing capacities. Always consult the Owner's Manual. ©2012 Toyota Motor Sales, U.S.A., Inc.

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A bus approaches a toll plaza near Gadap Town, a Karachi slum, where medical workers set up temporary clinics to vaccinate passengers. Photograph by Diego Ibarra Sánchez for TIME

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Novelist and National Book Award winner Louise Erdrich

James Gandolfini, page 52



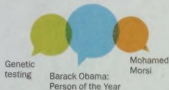
ON THE COVER:
Photograph by Jamie Chung for TIME

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MAIL



Person of the Year

Barack Obama may well be the 21st century new American and the beneficiary/architect of a campaign targeting our changing demographics [“Person of the Year,” Dec. 31]. But the key campaign staffers pictured shows he turned to old demographics to achieve his victory. By my count, 17 white men and only four women, one of whom is also African American. Not exactly the new America.

John Castagno, ST. LOUIS

Your choice of Person of the Year violated your own standard: somebody who did the most to change the world. Getting elected President for the first term was something, but not the second term. Malala Yousafzai did more than anybody else in the world for the education of girls. Selecting her would have highlighted her cause the world over.

Muhammad Abd al-Hameed, LAHORE, PAKISTAN

Obama was the right choice, but I bristle at the suggestion that those of us who supported him were putty in the hands of a bunch of ring-through-the-eyebrow, tech-savvy, data-mining geeks. Truthfully, I found their incessant e-mailing and texting to be an annoyance, but I supported the President because I believe in him. To paraphrase strategist James Carville, it's the candidate, stupid.

David Bradley, SPRING, TEXAS

It appears that Egypt's President Mohamed Morsi has well-honed politician's skills and played your representatives like a fiddle. Leaders should be evaluated by what they do and not what they say. Even I can be gracious for a couple of hours.

Peter Beer, RANCHO PALOS VERDES, CALIF.



THE CONVERSATION

‘Not even the President is a match for Spider-Man.’

That was how Jezebel's **Jessica Coen** reacted to a photo—part of TIME's Dec. 31 **Person of the Year** package—of **President Obama** pretending to be caught in the web of a child dressed in a Spider-Man costume. White House photographer **Pete Souza's** picture, which ran in a TIME.com gallery, was cited by **Chris Cillizza** of the *Washington Post* as evidence that “Obama's likability seemed to trump policy concerns” in the 2012 election. The POY issue, the cover of which was named one of the top 10 magazine covers of the year by *Advertising Age*, also received praise for **Aryn Baker's** profile of runner-up **Malala Yousafzai**. “An extraordinary and inspiring journey,” **Melinda Gates** noted on Twitter, where many readers agreed with **@CrosbysStache** that Pakistan's girl activist “should have been #the* Person of the Year.”



Up Next

On Jan. 7, TIME's tech team launches its daily coverage of the 2013 Consumer Electronics Show, the annual mega-trade show in Las Vegas, where this year's innovations include bendable smart-phone screens, giant ultra-high-definition TVs with advanced internet capabilities and other household gadgetry. Read about the corner-cleaning brushes on Samsung's robotic vacuum cleaner, above, and other interesting new gizmos at time.com/CES.

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Briefing

'We can't not pay bills that we've already incurred.'

1. **PRESIDENT OBAMA**, referring to the coming debate over the debt ceiling, after Congress passed a deal to avert the fiscal cliff that locked in most Bush-era tax cuts

'We're going to dig 10 new graves today ... We're preparing them. Maybe we'll be buried in them.'

2. **ABU SULAIMAN**, resident of the northern Syrian city of Azaz, where dozens of civilians are dying each day in the ongoing civil war

'I thought it would be cool.'

3. **ERIKA MENENDEZ**, when asked by police why she allegedly killed a Hindu man by pushing him in front of a New York City subway train; she also told investigators she blames "Muslims, Hindus and Egyptians" for the 9/11 attacks

'People ask, Why not talk with Hamas? There is nothing wrong, if you get a reply.'

4. **SHIMON PERES**, Israeli President, saying Israel would negotiate with Hamas if the Palestinian group recognized the country

'Please put the harps back in the closet.'

5. **JEAN BECKER**, aide to George H.W. Bush, after the 88-year-old former President left the ICU of a Houston hospital to which he had been admitted for complications from bronchitis



\$264

Box-office take for Christian Slater's horror flick *Playback*, the lowest-grossing movie of 2012

32.6
MILLION

Searches for Facebook on English-language Wikipedia in 2012—more than any other Wikipedia query



22,000

People who applied to be Delta flight attendants within a week of the job posting; less than 2% will be accepted

1,425

Distance, in miles (2,293 km), of the new eight-hour Beijing-to-Guangzhou high-speed rail line, the longest in the world



...nering

LightBox

Winter lifeline

Afghan women line up to receive assistance from the U.N.'s refugee agency at a camp in Kabul. Afghanistan's winter can be brutal for the country's many poor and homeless

Photograph by Musadeq Sadeq—AP
lightbox.time.com





World



CHINA

15

Number of people injured after a shark tank burst in a glitzy Shanghai mall, letting loose thousands of gallons of water as well as numerous sharks and other marine animals



France's Hollande has vowed to push ahead with his plan to tax the rich

A Win for the 1% In Europe

1 | FRANCE The decision by France's Constitutional Council on Dec. 29 to strike down a pending 75% income tax on the wealthy was based on a technicality. But the ruling still represents a blow against Socialist President François Hollande's pledge to champion social justice in battling the nation's lingering economic slump and fiscal crisis. Raising taxes—rather than slashing social spending as has been done elsewhere in Europe—has been central to Hollande's approach since he took office in May.

The council overturned legislation that increased the marginal tax rate on incomes over \$1.3 million from 46.7% to

75%. The ruling cited the law's failure to assure constitutionally guaranteed "equality before public burdens." While all other state levies in France are applied to households, Hollande's measure targeted individual income. Hollande has vowed to rewrite and revoke the measure in legally sound language and to see through an initiative that has proved as popular with the public as it is hated by conservatives, business leaders and the affluent.

The French President, who has called the tax law an act of "morality," acknowledged that the 75% tax is more symbolic than it would be actually effective in curing the country's fiscal ills. The hike would affect only an estimated 15,000 households and

produce just \$650 million in increased revenue. Yet given the bleak economic picture Hollande and most other euro-zone leaders face, symbolism may be all there is to offer. Since he took office, Hollande has lobbied fellow European leaders to offset harsh austerity measures aimed at reducing public-debt loads with targeted stimulus spending. Only that, he says, can rekindle economic activity and generate income critically indebted states need to finance their existing liabilities, allowing governments to then reform themselves out of crisis.

Critics argue that Hollande's kinder, gentler strategy has produced no improvement in the euro zone—including in France. French growth began flatlining in 2011 and has failed to rally under Hollande's stewardship; the country could slip back into recession in 2013. December was France's 19th consecutive month of rising unemployment—a downward spiral Hollande says his policies won't be able to reverse until later this year.

That dim outlook makes it unlikely Hollande will be able to fulfill his campaign pledge to lower France's 2013 budget deficit to 3% of GDP without doing the one thing he's avoided: enacting deep spending cuts. If that happens, the consequences for France's welfare state would be far more than symbolic. —BRUCE CRUMLEY

Year of Rebellion

2 | CENTRAL AFRICAN REPUBLIC Rebel forces in this former French colony launched a December offensive, swallowing up more than half the country. They halted their advance on the capital, Bangui, Jan. 2 after the government agreed to talks. This is only the latest episode in a year of increasingly violent insurgencies in Africa.

1

Central African Republic

The Séléka rebels' three-week onslaught abated only after it appeared President François Bozizé, who they say has reneged on previous peace deals, may meet them at the negotiating table



2

Democratic Republic of Congo

The M23 rebels, a faction of mutinous soldiers, captured the eastern city of Goma in November; they withdrew following international condemnation and now face U.N. sanctions

3

Mali

In March, ethnic Tuareg separatists, in alliance with militias linked to al-Qaeda, seized more than half the country. They may be ousted by a Western-backed intervention force



The End of Innocence

3 | SYRIA A schoolgirl astride a toy pony looks up after hearing the sound of shelling in the war-torn Syrian city of Aleppo. In a new study, the U.N.'s human-rights office estimated that the country's death toll after 20 months of carnage is about 60,000—a figure significantly higher than the roughly 40,000 dead that had been reported by Syrian human-rights groups in exile.

U.S.

'This time I even got my medals out to show who I am.'

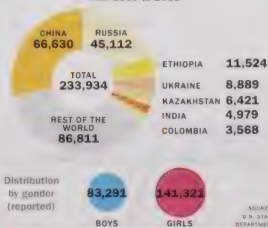
MO FARAH, Somali-born British. His trip to London being stopped in question was by U.S. immigration officials when he tried to join his family in London. Farah, 27, came for the holidays in London but was detained after his passport was Somali descent.



The Youngest Victims

4 | RUSSIA On Dec. 28, Russian President Vladimir Putin signed into law a ban on American citizens' adopting Russian children. The move was seen as a response to a recent U.S. law targeting suspected Russian human-rights abusers. Putin's power play leaves dozens of American families in the lurch, not to mention countless Russian orphans hoping for a better future.

Adoptions into the U.S.
from 1999 to 2011



The new PM meets the press on Dec. 26

Is Abe Able?

5 | JAPAN Shinzo Abe became Japan's seventh Prime Minister in six years after his probusiness Liberal Democratic Party trounced the country's center-left incumbents in elections in December. Abe, who previously served as Japan's Prime Minister in 2006 and '07, is an avowed nationalist and has promised a tough stance on territorial disputes with China and South Korea. But his real test will be the sluggish economy that ailed Japan in his first term.

Dispatch



Rest in peace The victim's body leaves the New Delhi airport in an ambulance after an attempt to save her life in a hospital in Singapore

India's Shame. A brutal rape spotlights a culture of hostility toward women

By Krista Mahr

VIOLENCE AGAINST WOMEN IS ENDEMIC in India. But the details and aftermath of one assault have shocked the country into a public and agonizing round of soul-searching. On Dec. 16, a 23-year-old physiotherapy student in New Delhi was raped inside a private bus by the driver and five other assailants as she and her fiancé were returning home from a movie. After being raped and beaten with an iron rod for over an hour, she was thrown out of the vehicle and left for dead along with her fiancé, who was also attacked. As she struggled on life support, the streets erupted in protest over the heinousness of the crime, as well as the complacency that has allowed India to become such a dangerous place to be a woman.

While India is rightly praised for its economic growth and other modernizations, its attitudes toward women seem stuck in the Dark Ages. And India's future as a democratic and economic superpower may well rest on whether its long-oppressed girls and women are allowed to become more equal members of society.

Female feticide is still in practice in India, as is making sure boys get more food

and schooling than their sisters. "Eventuating," the local term for sexual harassment, is unsettlingly common, and unfortunately, so is rape. The problem is not limited to India's cities. Days before the New Delhi rape victim died from her injuries on Dec. 29, a 17-year-old girl in Badshahpur village in northern Punjab state killed herself after waiting for police to arrest two men who had allegedly raped her weeks earlier. "A woman is a possession, like a piece of land," says Aman Deol, general secretary of a Punjab women's-rights group. "She does not have freedom of any kind."

But there's more to it than that. To paint Indian women as a faceless group of passive victims is not only a disservice; it's wrong. After all, India's most powerful politician, Sonia Gandhi, is a woman, with peers across many other fields. Middle-class women in particular have greater opportunity than ever. The accomplishments of the New Delhi victim, who was a medical student and among the first in her family to get a higher education, epitomize the best India can offer its young women. That her future was so violently

stamped out underscores the conflict between the injustices of the old India and the promise of the new. As millions more Indians no longer live on the brink, what men and women alike want is "accountability," says Meenakshi Ganguly, South Asia director of Human Rights Watch. "They want a system that works for them."

But accountability and reform are tricky things. Facing a nation in uproar, the police have arrested all six alleged assailants and are set to charge them with murder, for which they could face the death penalty. Officials have pledged to toughen up existing antirape laws and have set up a task force to oversee women's safety in New Delhi. They have also created special commissions to fast-track other cases of aggravated sexual assault. But improving safety in New Delhi will not help women in other parts of the country. It will take a concentrated effort to see that new or improved laws passed in the capital are enforced nationwide. "It has to be a systemic change," says Ganguly. "That's a much harder task."

It can be even harder outside the glare of city lights. At the edge of a wheat field, Badshahpur's villagers held a funeral on New Year's Eve for the 17-year-old girl. Like the victim in New Delhi, she had a dream: she wanted to be a police officer. After she was attacked in November, she pressed the police to take action, but no arrests were made until Dec. 26, the day she swallowed poison and died.

After their daughter's funeral, the victim's parents sat in the courtyard outside their two-room house. This region has been in the spotlight before: in 2006, scores of female fetuses were found in a mass grave nearby. Sitting next to her husband, the victim's mother asks a tragic and understandable question: "Who wants to have a baby girl when the attitude of the police and society will be to deny her justice?" If India does not take its inhumanity toward women seriously, it will always be a lesser nation than it can be. —WITH REPORTING BY NILANJANA BHOWMICK/NEW DELHI AND SANJAY SHARMA/BADSHAHPUR

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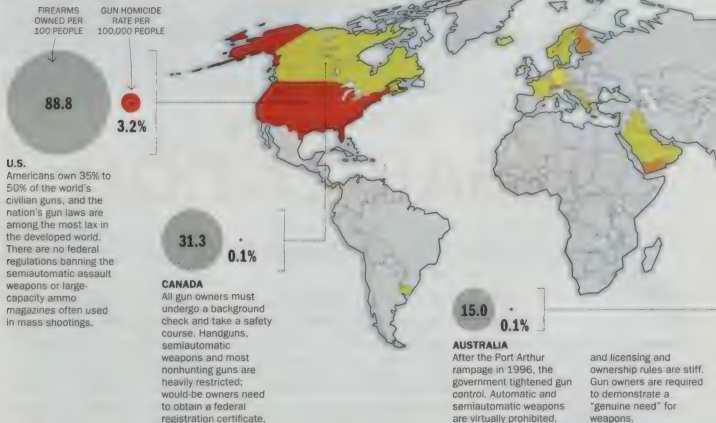
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Spotlight

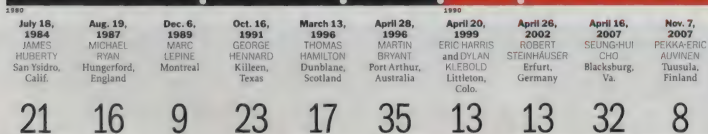
Arms Race. The U.S. is a global outlier on gun laws. Will Newtown change anything?

THERE'S NEARLY ONE GUN IN THE U.S. FOR EVERY AMERICAN, A FIGURE THAT MAKES THE country by far the most heavily armed nation in the world. (No. 2 is Yemen, an impoverished Middle Eastern country perpetually on the brink of civil war.) U.S. gun laws are relatively relaxed, and perhaps not incidentally, America has the highest homicide rate by gun among developed nations. In the wake of mass killings, other countries have adopted a range of new gun restrictions.

Counting Up the World's Guns—and Its Gun Laws

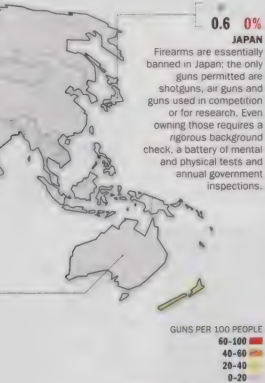


Death Toll: 30 Years of Mass Shootings Around the World





NORWAY
 Applicants for gun ownership need to be at least 18, specify a "valid reason" for buying a gun and obtain a government license. Norwegian police officers rarely carry guns. The country has considered strengthening gun laws in the wake of a 2011 mass shooting.



The Uniquely American Response to Mass Shootings

On March 13, 1996, Thomas Hamilton walked into an elementary school in the Scottish village of Dunblane and began firing. By the time the rampage was over, Hamilton had killed 16 children and a teacher before turning his gun on himself. Dunblane was the worst school shooting in British history, and the public response was swift. The British government pushed through legislation that banned all handguns with few exceptions—Hamilton had been armed with four handguns—and instituted a gun-buyback program that took tens of thousands of weapons off the streets.

From Britain to Australia to Norway, the reactions to mass shootings usually include tighter gun control, even in countries that already

had strict gun laws. To enforce new rules after the Port Arthur killings, the Australian government bought back more than 630,000 weapons. But in the U.S.—as is so often the case with Americans and their guns—things are a little more complicated. After the Dec. 14 mass shooting at Sandy Hook Elementary School in Newtown, Conn., President Obama called for a ban on the assault weapons and high-capacity magazines often used in major shootings and created a working group led by Vice President Biden to propose ways to reduce gun violence.

But public-opinion polls and gun sales suggest that most Americans do not favor a wholesale rethinking of the Second Amendment. A USA Today/Gallup survey

released on Dec. 27 found that while 58% of Americans say they want tighter gun laws, a majority still oppose an assault-weapon ban. And 74% of Americans say they oppose any law that would ban handguns, compared with 24% in favor—the largest gap in decades. In the aftermath of Newtown, gun-buyback programs have generated more interest than usual: the LAPD collected some 2,000 weapons, including two rocket-propelled-grenade launchers, in exchange for grocery cards. But federal background checks for firearms were already up 2% last year through November—fueled in part by increases after mass shootings in Colorado and Wisconsin—and arms vendors have reported even bigger spikes in demand since Newtown.

	2000							2010	
Sept. 23, 2008 MATTI SAARI Kuuhajoki, Finland	April 3, 2009 JIMMY WONG Binghamton, N.Y.	April 30, 2009 FARIDA GADYROV Baku, Azerbaijan	Nov. 5, 2009 MAJOR NIDAL HASAN Fort Hood, Texas	Jan. 8, 2011 JARRED LEE LOUGHNER Tucson, Ariz.	July 22, 2011 ANDERS BEHRING BREIVIK Utoya, Norway	July 20, 2012 JAMES HOLMES Aurora, Colo.	Aug. 5, 2012 WADDE MICHAEL PAGE Oak Creek, Wis.	Dec. 14, 2012 ADAM LANZA Newtown, Conn.	TOTAL
10	11	12	13	6	69	12	6	26	352

Health

Worries over Hillary's Health. What Clinton's concussion and clot could mean

By Alice Park

FOR MOST PEOPLE, SERIOUS blows to the head don't occur often, but when they do, they can leave a legacy of damage. And despite sophisticated imaging techniques, brain-injury experts say such consequences, including sudden death, are difficult to predict. That's why it may be hard to know for sure what is going on in Secretary of State Hillary Clinton's brain. Though an aide said she is expected to return to work a week after being hospitalized, her condition could affect her future health.

According to the limited amount of information made public so far, Clinton apparently hit her head after fainting in mid-December while she was dehydrated from a stomach virus, and she is being treated for a blood clot just behind her right ear in a vein

connected to her brain. Clotting can occur in the aftermath of any head trauma, even after a concussion, when the brain is rattled inside the skull, causing delicate blood vessels to tear or stretch. Clots are the body's molecular glue to repair such damage, and Clinton's clot is lodged in one of the vessels that drain blood already stripped of its oxygen from the brain to the heart. While doctors treating her with blood thinners at New York-Presbyterian Hospital have not commented on her case, her physicians at George Washington University said in a statement that the clot "did not result in a stroke or neurological damage."

Clots are notoriously unpredictable, however, and there aren't enough studies to say for certain how common they are

after concussions. But doctors do know that a previous clot may increase the risk that additional ones will form, and that's why Clinton may be especially vulnerable to such blockages: she was treated for a blood clot in her leg in 1998. "If she were my patient, I would think of her as somebody with a predisposition to clotting and [be] sure she doesn't have a clotting disorder," says Dr. Geoff Manley, a neurosurgeon at the University of California, San Francisco. Though the body's clot-busting mechanisms liquefy most of these blockages (drugs prevent them only from getting larger), experts say it's critical for anyone with a head injury to get an exam so doctors can look for any clotting or bleeding and treat it with the proper medications.



Head injuries: What can go wrong?

Blow to the head

Brain is jostled inside the skull

Blood vessels crisscrossing the surface of the brain are torn

OR

Vessels between the brain and skull are torn

OR

Vessels are stretched but not torn



Clots, made up of immune cells and other blood factors, form to repair tears or lesions in vessels

Normal blood flow in brain is blocked

Flow out of brain is restricted

Flow into brain is inhibited

Swelling and neurological symptoms

Stroke

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Milestones



DIED Norman Schwarzkopf

By Colin Powell

I was passing through the Atlanta airport last year when a German couple came out of an elevator and spotted me. As they walked past, the husband turned to his wife and said, "Frieda, Frieda, look, it's General Schwarzkopf." I smiled and didn't try to correct them. Norm, who was 78 when he died Dec. 27, was the face and spirit of Operation Desert Storm: Stormin' Norman. He would always say he wasn't the hero; the heroes were the young men and women we sent into battle. True enough, but he and his officers were the ones who prepared them, inspired them and led them to victory.

Norm and I were fellow infantrymen, but we never served with each other until I became Chairman of the Joint Chiefs of Staff and Norm became head of Central Command. Command at the top can be lonely. Who can you blow off steam to? With whom can you share your deepest thoughts, hopes and anxieties? We did that for each other. We were in different time zones, eight hours apart. I called him every morning as his day was ending. I called him every evening as my day was ending. We also talked frequently during the day. It wasn't always about the war. Sometimes it was gossip or stories about our wives and kids. We formed a strong bond that continued long after we both took off the uniform.

He was deservedly lionized by the American people. He will be remembered for giving his country everything he had. And I am sure he will be remembered by that couple who passed through Atlanta.

Powell served as the Chairman of the Joint Chiefs of Staff and U.S. Secretary of State

DIED
Rita Levi-Montalcini, 103, a Nobel Prize-winning neurologist who discovered nerve growth factor, a protein vital to the survival of certain nerve cells.

FIED
Andy Reid, head coach of the Philadelphia Eagles for 14 years—the longest tenure in the NFL—after a 4-12 season. Also axed: Chicago Bears head coach Lovie Smith.

DIED
Jean Harris, 89, who as headmistress of the Madeira School for girls was front-page news in 1980 for killing her lover, Dr. Herman Tamower, author of *The Complete Scarsdale Medical Diet*, after he took up with a younger woman.



DIED Jack Klugman Odd man in

Klugman, who died Dec. 24 at age 90, was not like many stars. A leading man, rough-voiced, with a face like weathered stone, he could play comedy while giving a hint of the soul of a guy like blunt-talking sportswriter Oscar Madison—who, with Tony Randall's Felix Unger, made up the title duo of *The Odd Couple*, the enduring 1970s sitcom based on Neil Simon's Broadway hit. In a long career that went from *Twelve Angry Men* on film to the forensic pathologist on TV's *Quincy, M.E.*, Klugman created everyman who he somehow conveyed had been around the block: seen things, felt things, done things.

—JAMES PONIEWOZIK



DIED Charles Durning Consummate character

Charles Durning was always the bridesmaid. He played the crooked cop on the trail of leading men Paul Newman and Robert Redford in *The Sting*, the lonely widower who falls for cross-dressing star Dustin Hoffman in *Tootsie*, a police hostage negotiator up against Al Pacino's bank robber in *Dog Day Afternoon* and a comically corrupt governor opposite Burt Reynolds and Dolly Parton in *The Best Little Whorehouse in Texas*, a role that earned him the first of two Supporting Actor Oscar nominations. Although the instantly recognizable Durning, who was 89 when he died on Dec. 24, played supporting roles onscreen, in life he played the hero more than once, earning the Silver Star and three Purple Hearts in World War II. —KAYLA WEBLEY



DIED
Harry Carey Jr., 91, who acted in more than 100 films and was the sidekick of John Wayne in such John Ford classics as *She Wore a Yellow Ribbon* and *The Searchers*.

MARRIED
Numerous gay and lesbian couples, when new laws permitting same-sex marriages took effect in Maine, on Dec. 29, and Maryland, Jan. 1.

DIED
Patti Page, 85, the top-selling female singer of the 1950s, who sold more than 100 million albums, including the smash "Tennessee Waltz."

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The Trillion-Dollar Homecoming

Giving U.S. companies a tax break on overseas profits won't help the economy

EVER HEAR OF A DOUBLE IRISH? HOW about a Dutch Sandwich? These aren't cocktails or bar snacks but rather complex financial strategies used by many American companies to transfer profits they earn abroad to countries with the lowest tax rates. Despite the goofy nicknames, these techniques have a serious purpose: to keep money away from the U.S. whenever possible to avoid paying the higher tax rates in effect at home. Ireland, for instance, taxes corporate earnings at 12.5%, compared with the U.S. rate of 35%.

Big companies like GE and Apple have gotten very good at this game. By some estimates, U.S. corporations have \$1.7 trillion in foreign earnings stashed under mattresses abroad. Now they and others say they would be happy to bring foreign earnings home—repatriating them, in accounting lingo—if only the U.S. would change its laws and make overseas profits tax free. This is known as a territorial tax system: only income generated inside the home country gets taxed by that country. Amid the fiscal-cliff debate over individual tax rates, hardly anyone has paid attention to a number of reforms being advocated by Republicans that would shift the U.S. to such a system. (In the short term, business lobbyists are looking for a temporary tax holiday allowing repatriation at a 5.25% rate for a year, an idea supported by a number of conservative politicians and some liberals.)

Advocates say it would lift the U.S. economy: companies would put this money to good use by investing at home and creating jobs. But while the plan might well goose the stock market, it won't create more jobs. In fact, it might even do the opposite.

We know this because we tried it before. Congress enacted a temporary tax holiday on foreign earnings in 2004, and companies did indeed bring about 50% of

their foreign cash—some \$362 billion at that point—back into the U.S. But the majority of it went not to research or building factories (and certainly not to higher wages) but to the enrichment of investors through stock buybacks and dividend payments. There's every reason to believe that the same thing would happen this time around. JPMorgan estimates that a tax holiday at the proposed rate of 5.25% would be like another round of Fed stimu-



lus in terms of goading stock prices. No wonder some people are so excited.

What about putting in provisions that would require the money to be spent creating jobs? The government tried that last time around, literally tracking each dollar coming back into the U.S. The problem is that companies can easily get around such provisions by putting foreign dollars in an account labeled "business development" or some such and then using pre-existing U.S. funds to do the buybacks. "Money is fungible, and it's very easy for multinational companies to find ways around these rules," says USC law professor Edward Kleinbard.

In any case, the "we would invest in the U.S. if only we had the money" argument doesn't hold water. Given how low interest rates are right now, it's just as easy to borrow to fund capex spending as it would be to pay a 5% tax. As Warren Buffett has said frequently in the past few months, a lack of cash is not hindering job creation. In fact, banks are in need of major corporations to lend to.

Buffett and many other investors

believe that if companies are allowed to repatriate money tax-free or at very low rates, it will only speed the pace of outsourcing. If you could make money in high-growth, low-tax locations, bring it home for free and send it right back out,

why wouldn't you? Reed College economics professor Kimberly Clausing estimates that moving to a territorial system would send another 800,000 U.S. jobs abroad.

Many of the companies arguing for this, by the way, already pay the lowest average tax rates globally. These include Big Tech, Big Pharma and financial firms, all of whose wealth is based largely in intangible and easily movable assets like intellectual property. And most of these companies haven't created any new jobs on net in the U.S. since the 1980s, according to a report by Nobel laureate Michael Spence for the Council on Foreign Relations.

Bottom line: job creation in the U.S. isn't about tax rates. It's about strengthening the underlying growth environment, which could be done in a variety of ways, from improving infrastructure and education to launching a more cohesive national strategy to support strategically important industries like high end manufacturing, à la China and Germany. Yes, we should streamline our tax code, close loopholes and slightly lower our corporate rate to put it in the midzone of the global range. But we should not allow companies to bring money in from abroad tax-free—or we'll be setting the stage for yet another stimulus measure that benefits those who need it the least. ■



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COPD? Ask your doctor about breathing better with ADVAIR.*

ADVAIR helps improve your lung function so you breathe better. **Results may vary.** Unlike most chronic obstructive pulmonary disease (COPD) medications, ADVAIR contains both an anti-inflammatory* and a long-acting bronchodilator working together to help improve your lung function. ADVAIR DISKUS 250/50 is approved for adults with COPD, including chronic bronchitis, emphysema, or both. ADVAIR DISKUS is not for, and should not be used to treat, sudden, severe symptoms of COPD. ADVAIR won't replace a rescue inhaler. You should only take 1 inhalation of ADVAIR twice a day. Higher doses will not provide additional benefits. Ask your doctor about ADVAIR.



ADVAIR DISKUS[®] 250/50
(fluticasone propionate 250 mcg and salmeterol 50 mcg inhalation powder)

Important Safety Information about ADVAIR DISKUS 250/50

- Do not use ADVAIR to treat sudden, severe symptoms of asthma or COPD. Always have a rescue inhaler medicine with you to treat sudden symptoms.
- Do not use ADVAIR DISKUS if you have severe allergy to milk, proteins. Ask your doctor if you are not sure.
- Do not use ADVAIR more often than prescribed. Do not take ADVAIR with other medicines that contain long-acting beta₂-agonists for any reason. Tell your doctor about medicines you take and about all of your medical conditions.
- ADVAIR DISKUS can cause serious side effects, including:
 - **serious allergic reactions.** Call your healthcare provider or get emergency medical care if you get any of the following symptoms of a serious allergic reaction: rash; hives; swelling of the face, mouth, and tongue; breathing problems.
 - **sudden breathing problems immediately after inhaling your medicine.**
 - **effects on heart:** increased blood pressure; a fast and irregular heartbeat; chest pain.
 - **effects on nervous system:** tremor; nervousness.
 - **reduced adrenal function (may result in loss of energy).**
 - **changes in blood (sugar, potassium, certain types of white blood cells).**
 - **weakened immune system and a higher chance of infections.** You should avoid exposure to chickenpox and measles, and, if exposed, consult your healthcare provider without delay. Worsening of existing tuberculosis, fungal, bacterial, viral, or parasitic infections, or ocular herpes simplex may occur.
- **lower bone mineral density.** This may be a problem for people who already have a higher chance of low bone density (osteoporosis).
- **eye problems including glaucoma and cataracts.** You should have regular eye exams while using ADVAIR.
- **pneumonia.** People with COPD have a higher chance of getting pneumonia. ADVAIR may increase the chance of getting pneumonia. Call your doctor if you notice any of the following symptoms: increase in mucus (sputum) production; change in mucus color; fever; chills; increased cough; increased breathing problems.
- **Common side effects of ADVAIR DISKUS 250/50 for COPD include:** thrush in the mouth and throat, throat irritation, hoarseness and voice changes, viral respiratory infections, headache, muscle and bone pain.

*Measured by a breathing test in people taking ADVAIR DISKUS 250/50, compared with people taking either fluticasone propionate 250 mcg or salmeterol 50 mcg. Your results may vary.

†It is not known how anti-inflammatories work in COPD.

‡Restrictions apply. See ADVAIRCOPD.com for eligibility rules.

Please see Brief Summary of Important Safety Information about ADVAIR DISKUS on adjacent page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

To get your first full prescription free and to save on refills, visit ADVAIRCOPD.com or call 1-877-200-4673.



If you don't have prescription coverage and can't afford your medicines, visit GSKforYou.com or call 1-866-GSK-FOR-5U (1-866-475-3474).

 GlaxoSmithKline

ADVAIR DISKUS®

(fluticasone propionate and salmeterol) inhalation powder

BRIEF
SUMMARY

This summary does not take the place of talking to your healthcare provider about your medical condition or treatment. See full Prescribing Information for complete product information.

What is the most important information I should know about ADVAIR DISKUS?

ADVAIR DISKUS can cause serious side effects, including:

1. People with asthma who take long-acting beta₂-adrenergic agonist (LABA) medicines, such as salmeterol (one of the medicines in ADVAIR DISKUS), have an increased risk of death from asthma problems. It is not known whether fluticasone propionate, the other medicine in ADVAIR DISKUS, reduces the risk of death from asthma problems seen with salmeterol.

2. Call your healthcare provider if breathing problems worsen over time while using ADVAIR DISKUS. You may need different treatment.

3. Get emergency medical care if:

- breathing problems worsen quickly and
- you use your rescue inhaler medicine, but it does not relieve your breathing problems.

4. ADVAIR DISKUS should be used only if your healthcare provider decides that your asthma is not well controlled with a long-term asthma control medicine, such as inhaled corticosteroids.

5. When your asthma is well controlled, your healthcare provider may tell you to stop taking ADVAIR DISKUS. Your healthcare provider will decide if you can stop ADVAIR DISKUS without loss of asthma control. Your healthcare provider may prescribe a different asthma control medicine for you, such as an inhaled corticosteroid.

6. Children and adolescents who take LABA medicines may have an increased risk of being hospitalized for asthma problems.

What is ADVAIR DISKUS?

ADVAIR DISKUS combines an inhaled corticosteroid medicine, fluticasone propionate (the same medicine found in FLOVENT®), and a LABA medicine, salmeterol (the same medicine found in SEREVENT®).

Inhaled corticosteroids help to decrease inflammation in the lungs. Inflammation in the lungs can lead to asthma symptoms.

LABA medicines are used in people with asthma and chronic obstructive pulmonary disease (COPD). LABA medicines help the muscles around the airways in your lungs stay relaxed to prevent symptoms, such as wheezing and shortness of breath. These symptoms can happen when the muscles around the airways tighten. This makes it hard to breathe. In severe cases, wheezing can stop your breathing and cause death if not treated right away.

ADVAIR DISKUS is used for asthma and COPD as follows:

Asthma

ADVAIR DISKUS is used to control symptoms of asthma and to prevent symptoms such as wheezing in adults and children aged 4 years and older.

ADVAIR DISKUS contains salmeterol (the same medicine found in SEREVENT®). LABA medicines, such as salmeterol, increase the risk of death from asthma problems.

ADVAIR DISKUS is not for adults and children with asthma who are well controlled with an asthma control medicine, such as a low to medium dose of an inhaled corticosteroid medicine.

COPD

COPD is a chronic lung disease that includes chronic bronchitis, emphysema, or both. ADVAIR DISKUS 250/50 is used long term. 2 times each day to help improve lung function and better breathing in adults with COPD. ADVAIR DISKUS 250/50 has been shown to decrease the number of flare-ups and worsening of COPD symptoms (exacerbations).

Who should not use ADVAIR DISKUS?

Do not use ADVAIR DISKUS

• to treat sudden, severe symptoms of asthma or COPD.

• if you have a severe allergy to milk proteins. Ask your doctor if you are not sure.

What should I tell my healthcare provider before using ADVAIR DISKUS?

Tell your healthcare provider about all of your health conditions, including if you:

- have heart problems
- have high blood pressure
- have seizures
- have thyroid problems
- have diabetes
- have liver problems
- have osteoporosis
- have an immune system problem
- are pregnant or planning to become pregnant. It is not known if ADVAIR DISKUS may harm your unborn baby.
- are breastfeeding. It is not known if ADVAIR DISKUS passes into your milk and if it can harm your baby.
- are allergic to any of the ingredients in ADVAIR DISKUS, any other medicines, or food products
- are exposed to chickenpox or measles

Tell your healthcare provider about all the medicines you take (including prescription and non-prescription medicines, vitamins, and herbal supplements). ADVAIR DISKUS and certain other medicines may interact with each other. This may cause serious side effects. Especially, tell your healthcare provider if you take ritonavir. The anti-HIV medicines NORVIR® (ritonavir capsules) Soft Gelatin, NORVIR (ritonavir oral solution), and KALETRA® (lopinavir/ritonavir) Tablets contain ritonavir.

Know the medicines you take. Keep a list and show it to your healthcare provider and pharmacist each time you get a new medicine.

How do I use ADVAIR DISKUS?

Do not use ADVAIR DISKUS unless your healthcare provider has taught you and you understand everything. Ask your healthcare provider or pharmacist if you have any questions.

Children should use ADVAIR DISKUS with an adult's help, as instructed by the child's healthcare provider.

Use ADVAIR DISKUS exactly as prescribed. Do not use ADVAIR DISKUS more often than prescribed. ADVAIR DISKUS comes in 3 strengths. Your healthcare provider has prescribed the one that is best for your condition.

The usual dosage of ADVAIR DISKUS is 1 inhalation 2 times each day (morning and evening). The 2 doses should be about 12 hours apart. Rinse your mouth with water after using ADVAIR DISKUS.

If you take more ADVAIR DISKUS than your doctor has prescribed, get medical help right away if you have any unusual symptoms, such as worsening shortness of breath, chest pain, increased heart rate, or shakiness.

If you miss a dose of ADVAIR DISKUS, just skip that dose. Take your next dose at your usual time. Do not take 2 doses at one time.

Do not use a spacer device with ADVAIR DISKUS.

Do not breathe into ADVAIR DISKUS.

While you are using ADVAIR DISKUS 2 times each day, do not use other medicines that contain a LABA for any reason. Ask your healthcare provider or pharmacist if any of your other medicines are LABA medicines.

Do not stop using ADVAIR DISKUS or other asthma medicines unless told to do so by your healthcare provider because your symptoms might get worse. Your healthcare provider will change your medicines as needed.

ADVAIR DISKUS does not relieve sudden symptoms. Always have a rescue inhaler medicine with you to treat sudden symptoms. If you do not have an inhaled, short-acting bronchodilator, call your healthcare provider to have one prescribed for you.

Call your healthcare provider or get medical care right away if:

- your breathing problems worsen with ADVAIR DISKUS
- you need to use your rescue inhaler medicine more often than usual
- your rescue inhaler medicine does not work as well for you as it relieving symptoms
- you need to use 4 or more inhalations of your rescue inhaler medicine for 2 or more days in a row

• you use 1 whole canister of your rescue inhaler medicine in 8 weeks' time

• your peak flow meter results decrease. Your healthcare provider will tell you the numbers that are right for you.

• you have asthma and your symptoms do not improve after using ADVAIR DISKUS regularly for 1 week

What are the possible side effects with ADVAIR DISKUS?

ADVAIR DISKUS can cause serious side effects, including:

• See "What is the most important information I should know about ADVAIR DISKUS?"

• serious allergic reactions. Call your healthcare provider or get emergency medical care if you get any of the following symptoms of a serious allergic reaction:

- rash
- hives
- swelling of the face, mouth, and tongue
- breathing problems

• sudden breathing problems immediately after inhaling your medicine

• effects on heart

- increased blood pressure
- a fast and irregular heartbeat
- chest pain

• effects on nervous system

- tremor
- nervousness

• reduced adrenal function (may result in loss of energy)

• changes in blood (sugar, potassium, certain types of white blood cells)

• weakened immune system and a higher chance of infections

• lower bone mineral density. This may be a problem for people who already have a higher chance of low bone density (osteoporosis).

• eye problems including glaucoma and cataracts. You should have regular eye exams while using ADVAIR DISKUS.

• slowed growth in children. A child's growth should be checked often.

• pneumonia. People with COPD have a higher chance of getting pneumonia. ADVAIR DISKUS may increase the chance of getting pneumonia. Call your healthcare provider if you notice any of the following symptoms:

- increase in mucus (sputum) production
- change in mucus color
- fever
- chills
- increased cough
- increased breathing problems

Common side effects of ADVAIR DISKUS include:

Asthma:

- upper respiratory tract infection
- throat irritation
- hoarseness and voice changes
- thrush in the mouth and throat
- bronchitis
- cough
- headache
- nausea and vomiting

COPD:

- thrush in the mouth and throat
- throat irritation
- hoarseness and voice changes
- viral respiratory infections
- headache
- muscle and bone pain

In children with asthma, infections in the ear, nose, and throat are common.

Tell your healthcare provider about any side effect that bothers you or that does not go away.

These are not all the side effects with ADVAIR DISKUS. Ask your healthcare provider or pharmacist for more information. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088. Ask your healthcare provider or pharmacist for additional information about ADVAIR DISKUS. You can also contact the company that makes ADVAIR DISKUS (toll-free) at 1-888-825-5249 or at www.advairstk.com.

Joe Klein



TO READ JOE'S BLOG POSTS, GO TO time.com/wwjwklein

Obama's Next Foreign Policy Battle

Sooner or later, the President is going to have to confront the neoconservatives

IN THE COMING DAYS, PRESIDENT Obama may or may not nominate former Republican Senator Chuck Hagel to be the next Secretary of Defense. He would be the first Vietnam veteran to hold the job and the first noncommissioned officer, an Army sergeant grievously wounded in combat. His blue collar grunt experience would be particularly valuable as we reduce our forces and return our troops to civilian society. And yet the Hagel nomination has become one of those wild, foolish controversies that litter our public life—a fight that has nothing to do with his ability to manage the Pentagon or provide inspiring civilian leadership for our troops. It has to do with Israel and Iran. Indeed, it is a battle that Obama will face in the coming year whether he appoints Hagel or not.

The Hagel fight comes at a rare moment of foreign policy consensus. Obama has successfully followed a moderate, realist path overseas reminiscent of George H.W. Bush's Administration, balancing toughness and accommodation. He has moved aggressively, using drone strikes and special forces, against the central leadership of al Qaeda. He has worked closely with Israel to sabotage Iran's nuclear project with computer viruses. At the end of 2012, he signed a bill that will continue the use of warrantless wiretaps against suspected terrorists. He built a surprising global alliance that included Russia and China to impose harsh economic sanctions on Iran.

Obama has made mistakes but avoided disasters—which is no mean feat. And yet he has been on the defensive since the election, a race he won in no small part because of his sanity on overseas policy. Twice now, potential nominees for high national-security positions have been

assaulted by neoconservative extremists. U.N. Ambassador Susan Rice was forced from contention as Secretary of State; the assault on Hagel commenced soon after.

It began, as such things often do, with an editorial by William Kristol in the *Weekly Standard*. He accused Hagel of being "anti-Israel" and "pro-appeasement" of Iran. The appeasement evidence centers on this Hagel quote: "A military strike against Iran ... is not a viable, feasible,



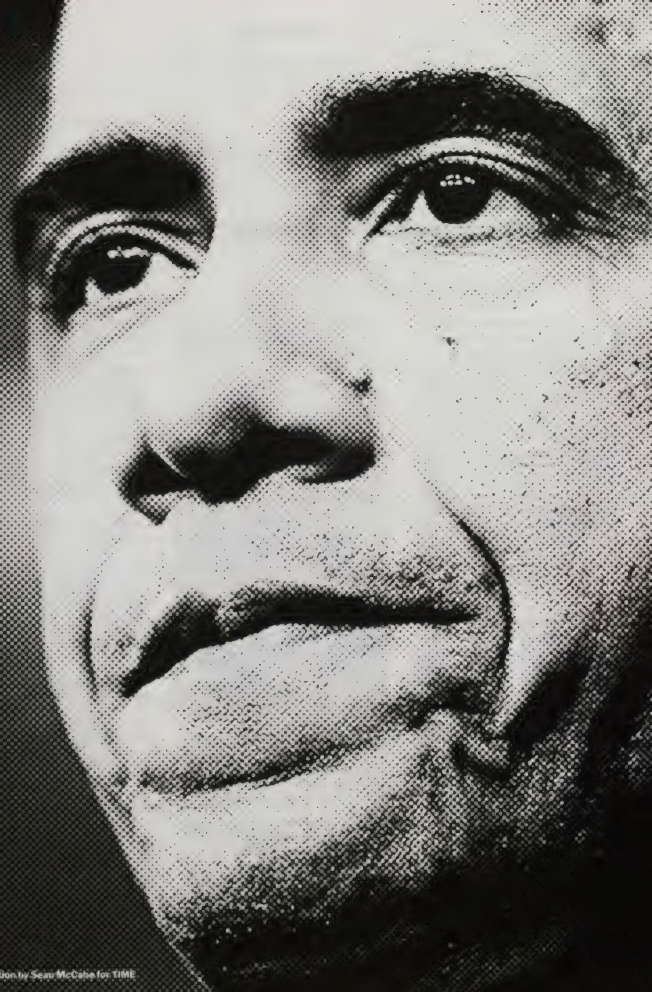
responsible option." The stated position of the Obama Administration is that all options are on the table. But the unstated position of almost everybody who has looked at this problem, including the Joint Chiefs of Staff and much of Israel's defense and intelligence apparatus, is that military action against Iran is a fool's errand. Former Secretary of Defense Robert Gates said last October that a military strike against Iran would be "catastrophic." In truth, neoconservatives oppose *any* nonpunitive efforts to deal with the Iranian regime. But Hagel's belief that we should talk to all parties if they're willing to talk to us—the Iranians

haven't been, hence the sanctions—is at the heart of the mainstream foreign policy consensus.

The more scurrilous of Kristol's charges is that Hagel is anti-Israel. This is a bullying canard that has been thrown about with increasing frequency, and sloppiness, by American supporters of Benjamin Netanyahu's Likud government. In Hagel's case, it means that he has opposed the continued illegal expansion of Israeli settlements on Palestinian lands, a position held by every American President since Johnson. This imaginary offense was compounded by some plain talk about the power of the Israel lobby, which Hagel unfortunately and inaccurately called "the Jewish lobby." I'm Jewish, and the American Israel Public Affairs Committee doesn't speak for me.

Actually, that brings us to the heart of the matter: AIPAC and many leaders of the American Jewish community don't speak for the overwhelming majority of American Jews who voted for Obama, love Israel and want it to survive as a Jewish democracy but do not favor the military adventurism that has brought us so much grief in the region. And the voices of the silent American Jewish majority will need to be heard this year. The Israeli election is likely to yield an even more extreme Netanyahu coalition, prejudiced toward further expansion into Palestinian lands. Obama will have to decide whether, and how, he wants to renew his challenge to this shortsighted and destabilizing policy.

And then there's Iran. A nuclear deal may be negotiated this year. The Iranians are suffering economically; there are indications that they are ready to talk. But any such deal will be vehemently opposed by Netanyahu and the neoconservatives. The Hagel nomination, if it comes, will be the warm-up act for those battles. It is a fight that would send an important message about the President's intentions—to Iran, to Israel and to the out-of-touch leaders of the American Jewish community. ■





CLIFF DWELLER

A precarious balance of power between President Obama and Republicans in Congress means the U.S. will face a cascading fiscal crisis in 2013. Get used to life on the edge

BY MICHAEL GRUNWALD



IT'S NO ACCIDENT THAT Presidents get lots of attention. They have lots of power. But the media's natural obsession with everything the "leader of the free world" says and does

helps feed a myth of presidential omnipotence. In the Obama years, liberals in particular have often criticized the President for failing to transcend political realities. Why wasn't his 2009 stimulus bigger? Why didn't his health care reforms include a public option? Why didn't he pass legislation to restrict carbon pollution? The prosaic answers—he didn't have the votes in Congress, and he didn't have a magic wand—seem unsatisfying to some. Surely the U.S. would have stronger gun restrictions if Obama *really* wanted them, if he had just talked about them and insisted on them and crusaded for them.

But as the dysfunctional drama over the fiscal cliff proved once again, congressional elections have consequences too. Obama has all kinds of powers, from the bully pulpit to the veto, but House Speaker John Boehner has the power of the

gavel, and Senate minority leader Mitch McConnell has the power of the filibuster. Obama doesn't like Republican obstruction any more than his liberal critics do, but he recognizes it as a feature of the political landscape he can't just wish away. Legislation that cannot pass Congress cannot advance his policy agenda.

So when it came to the fiscal cliff and the future of taxing and spending, neither side could get everything it wanted. Obama needed Republican votes to avoid a government-inflicted wound to a frail economy. The last-minute deal that prevented a dive into severe austerity reveals what he really cares about: protecting the recovery and the vulnerable more than reducing the deficit or soaking the rich. With the economy finally showing signs of strength after four years of painfully slow progress, that made a lot of sense—even though many Republicans hated it, while many liberals howled that he had given too much to the GOP.

The good news for the White House was that in the end, Obama got most of what he wanted on taxes, though he did give up his goal of raising marginal tax rates on income above \$250,000 to Clinton-era levels. Instead he agreed to

thresholds of \$400,000 for individuals and \$450,000 for families, along with an extension of tax credits for child care, tuition, the wind industry and the working poor. The President also managed to avoid the vast majority of the spending cuts that Republicans had demanded in return for their votes on any cliff deal. Medicare and Medicaid were kept out of harm's way. And the so-called sequester—a collection of draconian spending cuts that were due to take effect Jan. 1—was delayed for at least 60 days.

But the result was a suboptimal deal that pushed the hardest decisions down the road and set the stage for an even more harrowing standoff between the two sides in the next Congress. The government runs out of borrowing authority sometime in mid-February, and Republicans say that unless Obama meets their demands for non-military spending cuts that didn't make it into the cliff deal, they won't raise the debt limit. The U.S. would be forced to default on its obligations, and a worldwide economic panic could ensue. Happy new year!

This will be the ultimate test of the balance of power in Washington—and the limits of minority party hostage taking.



Done deal At left, Cantor and Boehner with a restive GOP caucus; at right, Biden, triumphant, on New Year's Eve

Reasonable people can disagree on whether filibusters should be rare or routine, but the idea that the President can't borrow to pay for congressionally authorized spending without new congressional legislation is a recipe for disaster. As the saying goes, the Constitution is not a suicide pact, and the 14th Amendment states that the debt "shall not be questioned."

After 2011's battle over lifting the debt ceiling nearly destroyed the recovery, Obama vowed not to negotiate with Congress about it again. But Boehner made his case for House Republicans to vote for the cliff deal in part by pledging that Obama would be forced to accept dramatic cuts to entitlement programs like Social Security, Medicare and Medicaid in the next round of talks. That is something Obama has suggested to Democrats he would not do without additional revenue. Which means another round of negotiations is about to begin. We are going to be living at the cliff edge for months.

The War Between the Branches

OBAMA'S SECOND TERM IS SHAPING UP TO be full of nonstop, overt partisan warfare, in part because the U.S. has seen exactly

that for the past four years. Aided by Senate rules that require 60 votes to do just about anything, Republicans have slow-walked Obama's picks for judgeships and other jobs, scuttling a few controversial nominees—GOP critics forced Susan Rice to withdraw from consideration for Secretary of State before the newly re-elected President could even nominate her—while leaving scores of uncontroversial ones in limbo.

Of course, Democrats have practiced this brand of obstructionism in the past,

and Republicans did not stand in the way of Obama's two Supreme Court appointments. But congressional scholars say the modern GOP has taken the confirmation process to new extremes. And they can't recall an example of a Senate minority flatly refusing to confirm *anyone* for a job created by congressional statute, as Republicans did with the head of the new Consumer Financial Protection Bureau last year. "That's a new one," says Sarah Binder, a political-science professor at George Washington University. "Things got gummed up in the Bush years too, but there's been much more aggressive push-back in the Obama years."

To the National Rifle Association's delight, the Senate has hobbled the Bureau of Alcohol, Tobacco, Firearms and Explosives by failing to confirm a director since 2006, but Obama hasn't made a recess appointment. Even White House officials admit that their clout is limited. "The President's view of his own power is a constrained one," says White House counsel Kathryn Ruemmler. "Many of his nominees have languished, but he's only recessed the ones that were critical to keep agencies functioning."

Still, Obama has pushed back against

**OBAMA HAS THE POWER
OF THE BULLY PULPIT,
BUT BOEHNER HAS THE
POWER OF THE GAVEL**

CLIFF NOTES

The wealthiest face the biggest tax hikes, but there's budget trouble ahead

TAXES ON THE RISE

A Hike for Everyone

If you earn a paycheck, you'll take less of it home. The payroll tax reverts to 6.2% from 4.2%. The tax holiday of 2012 offered a \$700 tax cut for those earning \$35,000 a year and \$2,202 for those making \$110,100 and up.

The 1% Face a Rate Rise

The Bush tax cuts expire on incomes above \$450,000 for couples; rates for other taxpayers remain the same.

But Their Heirs Keep More

The estate-tax rate increases to 40% from 35% with a \$5 million exemption, indexed to inflation.

Big Investors Get Nicked

Dividend taxes for households earning more than \$450,000 rise from 15% to 20% (plus an additional 3.8% for Obamacare, to a total of 23.8%).

And Capital Gains Capped

The top tax rate rises to 20% from 15% for those with incomes above the \$450,000 threshold for couples. It remains 15% for everyone else.

SPENDING CUTS DELAYED

The deal postpones \$110 billion in automatic spending cuts on Jan. 2. The mandatory 8% to 10% across-the-board reductions in military and domestic programs threatened to send the economy into a tailspin.

THE BOTTOM LINE

The new plan will raise \$620 billion in new tax revenue over the next 10 years; it adds about \$4 trillion to the nation's debt, which now stands at \$16.4 trillion.

\$170,341



the pushback. He unilaterally installed former Ohio attorney general Richard Cordray at the Consumer Financial Protection Bureau, a move now being challenged in court. He also made recess appointments of three nominees to the National Labor Relations Board after Republican intransigence left the board without a quorum. Sometimes, though, obstructionism works: when Republicans refused to allow an up-and-down vote on one of Obama's nominees to the all-important Federal Reserve—Senator Richard Shelby called the Nobel-laureate economist unqualified—the President eventually chose new nominees, including a Republican.

It's true that Obama, a former constitutional-law professor, is less dogmatic about Executive prerogatives than George W. Bush, whose separation-of-powers doctrine often seemed to boil down to Because I Said So. But Obama has flexed his muscles at times. When House Republicans attached language to an appropriations bill designed to stop Obama's top science adviser from talking to Chinese officials about climate change, the White House told Congress it would ignore the restriction because it interfered with the President's ability to conduct foreign affairs. The White House also invoked Executive privilege to avoid a subpoena in the Fast and Furious gun-tracking investigation, prompting Republican accusations of a cover-up.

As Capitol Hill has become a black hole for policy, Obama has stretched his powers in creative ways. In the fall of 2011, after Republicans killed his jobs bill, he launched a We Can't Wait initiative to advance pieces of his agenda through Executive action, from streamlined environmental reviews that should accelerate transit and renewable energy projects to orders helping veterans find jobs and students pay back their loans. His Administration also bypassed Congress to engineer a backdoor revision of the No Child Left Behind education law, granting waivers to 34 states, plus the District of Columbia, that have agreed to adopt reforms such as tougher standards and teacher evaluations based on student progress.

Obama has also extended the steady post-World War II consolidation of presidential power over national security. The U.S. has used drones to patrol the skies in Pakistan, Yemen and Somalia without congressional declarations of war. Obama even claimed in a report to Congress that U.S. military operations in Libya did not qualify as "hostilities" under the War Powers Resolution. He has continued Bush's

WHO REALLY GETS HIT HARDEST?

Although only the richest Americans face higher income tax rates, most taxpayers will pay more this year because of the expiration of the payroll-tax holiday

Average tax increase, by income level



ANGER: CLIFFS AHEAD

The debt battle is far from over. This spring Congress faces critical deadlines over borrowing and spending



DEBT CEILING

With borrowing maxed out, Congress must raise the debt ceiling by late February or early March, or the U.S. faces default. Expect a fight.

SEQUESTRATION

In March, spending cuts prescribed in 2011 will kick in, and Congress will have to hash out a permanent plan or delay the cuts further.

BUDGET RESOLUTION

Current law authorizing spending expires March 27. Barring a new continuing resolution, there could be a partial government shutdown.

Very high triglycerides is a medical term for something serious:
TOO MUCH FAT IN YOUR BLOOD.

Ask your doctor about an FDA-approved medication made from omega-3 fish oil:
LOVAZA® (omega-3-acid ethyl esters)

If you have high cholesterol, diabetes or are overweight, you may also be at risk for very high triglycerides (≥ 500 mg/dL), which is a serious medical condition. LOVAZA is an FDA-approved medication for treating very high triglycerides that's made from omega-3 fish oil. LOVAZA, along with diet, has been clinically proven to lower very high triglycerides in adults. Individual results may vary. It is not known if LOVAZA prevents you from having a heart attack or stroke. LOVAZA is only available by prescription. You can't get it at a health food store. So if you think you might have very high triglycerides, talk to your doctor about getting your triglyceride levels tested and ask about LOVAZA.

LOVAZA is a prescription medicine used along with a low fat and low cholesterol diet to lower very high triglyceride (fat) levels in adults.

Take LOVAZA capsules whole.

Take LOVAZA exactly as your doctor tells you to take it.

IMPORTANT SAFETY INFORMATION:

Do not take LOVAZA if you are allergic to omega-3-acid ethyl esters or any ingredient in LOVAZA.

Tell your doctor if you are allergic to fish or shellfish, or if you are pregnant, breastfeeding or plan to become pregnant or breastfeed as LOVAZA may not be right for you.

Talk to your doctor about any current medical conditions and any medications you are taking, especially those that may increase your risk of bleeding.

Take LOVAZA exactly as your doctor tells you to take it. You should not take more than 4 capsules of LOVAZA each day.

Your healthcare provider should do blood tests to check your triglyceride, bad cholesterol and liver function levels while you take LOVAZA.

LOVAZA may cause serious side effects including increases in:

- results of blood tests to check your liver function (ALT and AST) and your bad cholesterol levels (LDL-C)
- frequency of a heart rhythm problem (atrial fibrillation or flutter) that may especially happen in the first few months of taking LOVAZA if you already have that problem.

The most common side effects include burping, upset stomach, and change in sense of taste.

How supplied: 1-gram capsule

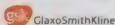
Please see important Patient Information on the next page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.



LOVAZA
omega-3 acid ethyl esters

For more information, visit LOVAZA.com or call 1-877-LOVAZA1



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A physician's health prescription coverage
will not affect your medication.
Visit GSK.com/Prescription
or call 1-800-GSK-9111



Read this Patient Information before you start taking LOVAZA, and each time you get a refill. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment.

What is LOVAZA?

LOVAZA is a prescription medicine used along with a low fat and low cholesterol diet to lower very high triglyceride (fat) levels in adults.

It is not known if LOVAZA prevents you from having a heart attack or stroke.

It is not known if LOVAZA is safe and effective in children.

Who should not take LOVAZA?

Do not take LOVAZA if you are allergic to omega-3-acid ethyl esters or any of the ingredients in LOVAZA. See the end of this leaflet for a complete list of ingredients in LOVAZA.

What should I tell my doctor before taking LOVAZA?

Before you take LOVAZA, tell your doctor if you:

- have diabetes
- have a low thyroid problem (hypothyroidism).
- have a liver problem.
- have a pancreas problem.
- have a certain heart rhythm problem called atrial fibrillation or flutter.
- are allergic to fish or shellfish. It is not known if people who are allergic to fish or shellfish are also allergic to LOVAZA.
- are pregnant or plan to become pregnant. It is not known if LOVAZA will harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if LOVAZA passes into your breast milk. You and your doctor should decide if you will take LOVAZA or breastfeed.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicine, vitamins, and herbal supplements.

LOVAZA can interact with certain other medicines that you are taking. Using LOVAZA with medicines that affect blood clotting (anticoagulants or blood thinners) may cause serious side effects.

Know the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

How should I take LOVAZA?

- Take LOVAZA exactly as your doctor tells you to take it.
- You should not take more than 4 capsules of LOVAZA each day. Either take all 4 capsules at one time, or 2 capsules two times a day.
- Do not change your dose or stop LOVAZA without talking to your doctor.
- Take LOVAZA with or without food.
- Take LOVAZA capsules whole. Do not break, crush, dissolve, or chew LOVAZA capsules before swallowing. If you cannot swallow LOVAZA capsules whole, tell your doctor. You may need a different medicine.
- Your doctor should start you on a low fat and low cholesterol diet before giving you LOVAZA. Stay on a low fat and low cholesterol diet while you take LOVAZA.

- Your doctor should do blood tests to check your triglyceride, bad cholesterol and liver function levels while you take LOVAZA.

What are the possible side effects of LOVAZA?

LOVAZA may cause serious side effects, including:

- increases in the results of blood tests used to check your liver function (ALT and AST) and your bad cholesterol levels (LDL-C) cholesterol.
- increases in the frequency of a heart rhythm problem (atrial fibrillation or flutter) may especially happen in the first few months of taking LOVAZA if you already have that problem.

The most common side effects of LOVAZA include:

- burping
- upset stomach
- a change in your sense of taste

Talk to your doctor if you have a side effect that bothers you or does not go away.

These are not all the possible side effects of LOVAZA. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store LOVAZA?

- Store LOVAZA at room temperature between 68°F to 77°F (20°C to 25°C).
- Do not freeze LOVAZA.
- Safely throw away medicine that is out of date or no longer needed.
- **Keep LOVAZA and all medicines out of the reach of children.**

General information about the safe and effective use of LOVAZA

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use LOVAZA for a condition for which it is not prescribed. Do not give LOVAZA to other people, even if they have the same symptoms you have. It may harm them.

This Patient Information Leaflet summarizes the most important information about LOVAZA. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about LOVAZA that is written for health professionals.

For more information go to www.LOVAZA.com or call 1-888-825-5249.

What are the ingredients in LOVAZA?

Active Ingredient: omega-3-acid ethyl esters, mostly EPA and DHA

Inactive Ingredients: alpha-tocopherol (in soybean oil), gelatin, glycerol, purified water

This patient labeling has been approved by the U.S. Food and Drug Administration.

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Stuttering Gets the Royal Treatment



King George VI, whose live broadcasts of hope and inspiration kept the spirits of the British people alive during the dark days of World War II, met the challenge of stuttering with courage.

If you stutter, you should know about this gentle and courageous man, dramatized in *The King's Speech*. For more information on how you can meet your challenge, contact us.



A Nonprofit Organization
Since 1947—Helping Those Who Stutter

www.StutteringHelp.org
www.tartamudez.org

800-992-9392



Sweating it out

Senators Schumer, Reid and Durbin update reporters on the negotiations on Dec. 20

muscular approach to surveillance, detention and military justice for suspected terrorists; he appended a signing statement to a 2012 defense bill asserting presidential prerogatives in those areas, even though as a Senator he criticized Bush for using signing statements. There has been barely a peep of protest from Capitol Hill.

The Gathering Storm

THE CONSTITUTION DOESN'T SAY ANYTHING about a filibuster, but the founders did envision the Senate as a go-slow legislative body, a saucer to cool the passions of the House, as George Washington reportedly said. Senate majority leader Harry Reid is pushing for reforms that would require Senators who object to something to actually take to the floor and keep talking, as Jimmy Stewart did in *Mr. Smith Goes to Washington*—but most Republicans have threatened to retaliate with parliamentary maneuvers that could shut down the Senate. The coming fight over the filibuster is likely to be an early flash point of Obama's second term.

Meanwhile, the Administration will implement its historic health reforms and financial regulations while congressional

Republicans try to starve the funding that gives the new laws their muscle. Obama's EPA could start regulating carbon pollution; the House GOP could launch investigations of Obama priorities like high-speed rail or clean-energy subsidies while boosting its scrutiny of controversies like Fast and Furious and the terrorist attack in Benghazi, Libya. There is always a chance that the two parties will reach a consensus on new legislation, perhaps a comprehensive or even a not-so-comprehensive immigration bill. Sometime this year, when

both parties clash again, a deal could be struck that eliminates additional deductions, cuts entitlements some and reduces defense spending, though by less than what Obama probably wants.

The checks and balances in our political system were designed to encourage consensus instead of partisan warfare; if Senate Republicans had decided to work with Obama in his first term instead of fighting him, they could have helped shape Obamacare and other Democratic legislation. At the time, McConnell famously explained that his top priority was denying Obama a second term, but now he'll need a new top priority.

With the parties as polarized as ever, the balance of power in Washington will drive the narrative of Obama's second term, just as it did the first. The President will continue to have trouble moving his agenda through Congress, so he'll keep seeking other ways to get things done. And the outcomes of checks-and-balances fights over the filibuster, the debt limit and the confirmation process could decide how effective America's central government will be—long after Obama leaves office. ■

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GET IN THE WAY

By Jeffrey Kluger

Photographs by Diego Rivera Sánchez for TIME



A last-day walk. The walk of life
of a young person of Pakistan
living in a world of war and
poverty. He is 16.

THE CHILDREN IN GADAP TOWN LIKE TO PLAY TEA PARTY. THERE ARE NO LITTLE TEA SETS HERE, NOT IN THIS DENSELY PACKED, GRINDINGLY

poor Pakistani slum, the biggest in the megacity of Karachi. So children scavenge bottle caps from piles of trash near the foul-smelling stream that flows through the town. Using them as cups, they sip the filthy water, imagining perhaps what it would be like to sit down at a real tea party one day.

What the children don't think about is the poliovirus that swirls in the water, deposited there by human waste—the biggest reason the stream is so foul to begin with. They know nothing of the way a cupful of water can introduce the virus to the mucus membranes of the mouth, where it binds with cells in the pharynx, replicates there and then migrates to the gut and the lymph system—multiplying explosively all the while—until it finds its way to the central nervous system, slaughtering the motor neurons that allow muscles to move as they should, leading to paralysis of the legs, sometimes the arms and occasionally the muscles that control breathing.

But Salma Khan thinks about that kind of thing a lot. Just a few months ago, her son Bilal would race tirelessly around their family compound in Sango, far to the north of Karachi, chasing his twin sister Urooj. Then one day he developed a fever that quickly grew worse. Within days, he could no longer walk. Today, Khan holds her son in her lap, lifts his left leg and watches as it drops limply back down. Just 18 months old, he is a toddler who can toddle no more. "Now all my dreams are shattered," she says. "He will be paralyzed for life."

The particular poliovirus that claimed Bilal's legs probably came from Gadap Town. Genetic profiling has tracked the slum strain to all four Pakistani provinces as well as to Afghanistan and China. "Gadap Town is a polio factory," says Dr. Salah Tumsah, a polio expert with the World Health Organization (WHO). It's not the only such factory in the country. Anyplace there's an

open sewer or an unclean dish, anyplace children come into contact with children, the virus could be growing.

Pakistan once had plenty of company in battling the polio scourge. As recently as 1988, the disease was endemic to 125 countries, paralyzing or killing 350,000 people each year—mostly children. Thanks to exhaustive medical, philanthropic and political teamwork, the virus has been routed, corralled into only three countries: Pakistan, Afghanistan and Nigeria. In 2012, there were only 215 cases worldwide. Only one other time in human history has a disease—smallpox—been wiped out in the wild. Polio, that fearsome crippler of children, scourge of peasants and Presidents, could soon become the second, unless the entire crusade, so close to completion, itself becomes a casualty of war.

In December, during a polio-vaccine drive in Pakistan, nine field workers—six of them women or teenage girls—were killed in motorcycle drive-by shootings linked to the Pakistani Taliban. On Jan. 1, six more women and one man—all of them medical aid workers—were similarly shot to death. All of that bloodshed followed a Taliban order last June to halt the scheduled immunization of 161,000 children in North Waziristan province until American drone strikes stop.

"In the garb of these vaccination campaigns," said one piece of propaganda, "the U.S. and its allies are running their spying networks." There is no truth in that, but the lie got legs in 2011 when it was revealed that in the run-up to the killing of Osama bin Laden, a Pakistani doctor masqueraded as a hepatitis swab worker in an attempt to collect cheek swabs from family members in bin Laden's compound to try to confirm he was living there.

Extremists have never needed such kernels of truth to sabotage vaccine efforts, however—*not* when rumor

mongering, much of it outlandish, can scare the public into refusing immunizations. The polio vaccine contains HIV, they are told. It's made from pig or monkey urine. It's meant to sterilize children. Whether it's because of fear of outsiders or general suspicion of anything touched by the West, the lies work.

"We are an illiterate people," says Saiful Islam, a shopkeeper in Mohib Banda, near Peshawar, in northern Pakistan. "When one person says something, we don't ask where he learned it. We just believe it." Islam believed, and when polio workers came in July, he refused to let them vaccinate his 6-month-old daughter. Now she wears pink braces with black Velcro straps on her little legs and squirms as he exercises her left foot to prevent it from curling in on itself. All viruses fight back against their eradication. Polio is the only one with a propaganda wing and an armed militia on its side.

At the Brink

BY ALMOST ANY MEASURE, THE REAR GUARD protecting the poliovirus is outgunned by the forces trying to eliminate it. A lot of the progress that's been made so far is due to the efforts of Rotary International, which in 1979—the year polio was declared eradicated in the U.S.—decided to make it the mission of its then 18,000 clubs and 850,000 members worldwide to wipe out the disease everywhere. UNICEF, WHO and the U.S. Centers for Disease Control have put their muscle behind the push, and in 2007, the Bill & Melinda Gates Foundation joined in as well, spending \$1 billion so far to battle the disease. "I'm very focused on impact per dollar," Gates said at a September meeting of the U.N.'s Economic and Social Council—a meeting also attended by the Presidents of all three endemic countries and U.N. Secretary-General Ban Ki-moon. "This is one of the smartest allocations of resources the world can make."

In terms of raw caseload, it's not easy to see how. When you're down to counting cases in the hundreds, you should be able to declare victory and go home—especially in a world where 34 million people are infected with HIV and 220 million have malaria. But those numbers can mislead. For one thing, for every 200

Prevention and cause A child is vaccinated at a toll plaza outside Karachi, top right, where field workers wait with lifesaving drops. Poor sanitation and trash dumps like this one in Karachi, bottom right, spread the poliovirus



polio infections, only one results in paralysis. The rest look like nothing more than a cold or a passing fever, though the child is still spreading the virus. What's more, polio moves fast. In 2003 the disease seemed near its end until clerics in northern Nigeria halted inoculations on the basis of rumors about sterility and HIV contamination. Two years later, polio cases—nearly all of them the Nigerian strain—were raging across 16 countries throughout Asia and down to Oceania.

Fighting these periodic outbreaks gets expensive, which is why eradication is the most cost-effective goal. Rotary and other groups calculate that \$1 billion spent per year over the next few years to extinguish the last fugitive strains of polio could save up to \$50 billion over the next 20 years, both in treatment costs for infected children and in the perpetual, hold-the-line vaccination programs that must be maintained as long as the virus is at large. Vaccinations against smallpox have not been a burden on medical balance sheets since the late 1970s.

"Once polio is gone, you eliminate those costs forever," Gates told TIME. What's more, the medical infrastructure put in place to get the polio vaccine out there—the supply chains, volunteer networks and innovations like GPS trackers on vaccine shipments to prevent them from going astray—can then be repurposed to fight other diseases. But the polio battle must first be won. And even if that battle has already led to bloodshed in the field, it's at the submicroscopic level, down where the viruses live, that the truly consequential war is being waged.

The Half-Century Fight

IT WAS IN 1955 THAT EPIDEMIOLOGIST Thomas Francis Jr., who led the massive field trial of Jonas Salk's polio vaccine the year before, stood onstage at the University of Michigan's Rackham Auditorium and announced the results. "The vaccine works," he said. "It is safe, effective and potent." That was the epidemiological trifecta scientists had been hoping for, and the six-inch headlines and global hoopla that followed were measures of the profound relief the world felt. In 1952, nearly 58,000 Americans were stricken by polio; by 1961, the figure was down to 1,312. That was the year before Albert Sabin's oral vaccine went into wide use. When it did, the U.S. numbers fell effectively to zero.

There are critical differences between the Salk and Sabin vaccines—differences

that led to ferocious arguments when the men were alive, arguments that have continued long after their deaths. The Salk vaccine uses a killed virus to trigger the critical immune reaction and requires an injection. The Sabin vaccine uses a live, weakened virus that is taken orally, multiplies in the gut and spreads to the bloodstream, where, like the Salk vaccine, it teaches the immune system to recognize polio and go on the attack if it ever sees it again. The Salk vaccine costs up to \$3 per dose today. The Sabin formulation costs less than 20¢ and can be administered with just two drops. "You could train people to do this," says Dr. John Sever, vice chair of Rotary's international antipolio drive. "If they could count to two, they could be an immunizer."

But the Sabin vaccine isn't as obvious a choice as it seems. Polio spreads via feces, and on a single passage through a single body, a live Sabin-vaccine virus can mutate from safe to deadly, infecting both the recipient of the vaccine and people close by. "These cases are rare as hen's teeth," says Dr. Bruce Aylward, WHO's chief of polio eradication, "but after you spend \$10 billion and 25 years to eradicate the disease, you don't want a vaccine-related epidemic." (Hen's teeth, in this case, are 610 cases out of 2.5 billion vaccinated children since 2000, according to WHO—rare indeed.)

In the three endemic countries, a two-pronged strategy is thus being used: stay with the Sabin vaccine to wipe out naturally occurring polio, then use Salk

to take care of any vaccine-related cases that remain. In the U.S., where cost and the greater difficulty of administering an injection are not issues, Salk is used almost exclusively. "The Salk vaccine never causes symptoms and never causes transmissible polio," says Gates. "It is a perfect vaccine."

Another complicating factor: polio is not just one disease; it's actually three. The virus comes in a trio of genetically distinct types, known prosaically enough as Type 1, Type 2 and Type 3, and each reacts differently to vaccines. The way to attack them all at once is to administer what's known as a trivalent vaccine, with three formulations in each drop or shot. That usually works, but not always. In Egypt, Types 2 and 3 were eradicated as early as 2004, but Type 1 refused to die.

"We worked with the Egyptian government to tighten up the whole operation," says Aylward. "We had them make sure their vaccination teams actually went to the top floors of all of the apartment buildings." Even that wasn't sufficient, however, and WHO decided that what was needed was a highly potent, monovalent vaccine to hit Type 1 alone. Pharma giant Sanofi Pasteur said it could develop it within 12 months. Aylward gave them four, and they settled on five. The Gates Foundation donated \$10 million to the effort—enough to buy 50 million doses—and by 2006, polio was expelled from Egypt for good. In the three endemic countries, Type 1 is again causing headaches, with Type 2 eradicated and Type 3 getting close. But if you don't stay on top of the virus until the very last case of the very last strain is wiped out, polio will break free again.

All Medicine Is Local

THERE'S NO ONE WAY TO FLUSH THOSE LAST CASES out, and the right strategy depends on the country in question. Despite the shootings in Pakistan, the most worrisome place in terms of caseload is Nigeria. It's the only country whose polio rates actually went up in 2012, to 118 cases compared with 62 in 2011. (In Pakistan, there were 57 cases in 2012 and 198 in 2011.) Nigeria's problem area continues to be the north, with anti-vaccine propaganda again leading to refusals. In 2012, WHO dramatically increased its presence in the country, from 744 workers to 2,948. It is also using satellite mapping to reach children in villages that, says John Hewko, general secretary of Rotary International, "we didn't even know existed."

Afghanistan, so often a source of trouble in the region, is moving comparatively

THE MOST WORRISOME PLACE IN TERMS OF CASELOAD IS NIGERIA, WHERE POLIO RATES WENT UP IN 2012



smoothly toward eradication, with just 35 cases in 2012, down from 80 in 2011. The Islamic Development Bank has made a \$3 million grant to Afghanistan to help antipolio efforts. That's just a small fraction of the \$227 million the bank made available to Pakistan, also for polio vaccinations, but the disparity in funding partly reflects the disparity in need. What's more, the fact that the bank is involved at all suggests a regional buy-in that was lacking before.

It's also a hopeful sign that the leaders of all three endemic countries have put their prestige on the line. Nigerian President Goodluck Jonathan pledges that polio will be wiped out in his country by 2015. Afghanistan's Hamid Karzai signed a polio-eradication plan in September and made a show of personally administering drops to children. But it's Pakistani President Asif Ali Zardari who has the most to gain—and lose—in the polio campaign. His daughter Asifa Bhutto Zardari is a leading spokeswoman for the eradication effort, recalling in speeches that her mother—the late Prime Minister Benazir Bhutto, who was assassinated in 2007—administered the vaccine to her when she was a child. President Zardari speaks of “my martyred wife,” who dreamed of a world free of disease.

Mobile care Workers at a Karachi toll plaza can find and immunize as many as 800 unvaccinated children in a single eight-hour shift

Pakistan is putting institutional power behind the sentimental appeals. After the December shootings, the government temporarily suspended the inoculation program, but Prime Minister Raja Pervez Ashraf quickly issued a statement confirming the country's commitment to the campaign. He called for an inquiry into the attacks, promised the safety of polio workers and pledged to proceed with plans to deploy 250,000 health workers to vaccinate 34 million children in 2013. Polio teams will continue to work at toll plazas, boarding buses and looking for children who don't have blue ink staining a finger—a mark applied by field workers after a vaccine has been administered. When they find an unmarked child, they vaccinate on the spot.

Appeals to religion and reason are being deployed as well. Health workers in tribal areas cite Koran verses that encourage the care of children and reach out to local religious leaders for support. If the mullah in Mohib Banda had endorsed the vaccine, says Saiful Islam, father of the paralyzed 6-month-old girl, “100% of the village would have accepted it.” And how

to answer those rumors of vaccine-related sterility? Tahira Yasmin, a polio worker for UNICEF, has a way: “I tell them I am married and young. If I were worried, I would not take it,” she says. Then she downs a few drops. “They laugh and they let their children take it.”

Rotary, WHO and the other groups had hoped to have halted transmission in all three endemic countries by the end of 2012. Now they acknowledge they will have to continue intensively vaccinating in 2013, especially during the comparatively cool months when the virus is at its weakest. “You pound the disease through the low season,” says Aylward. “Then you need 12 months of no cases before you could say that we did it. You're not going to open the champagne at least until 2014.”

When that does happen—when polio joins smallpox in the supermax lockdown of the lab—it will be an existential as much as a medical victory. Viruses and bacteria have had their way with humans since the dawn of history—a species-vs.-species war we have too often lost. We are on the brink of wiping out a virus that richly deserves extinction. The war may be slow, but there is no tonic like a big victory over a disease to ensure there will be more victories to come. —WITH REPORTING BY ARYN BAKER/PAKISTAN ■

**What Choice?
Abortion-rights
activists won
an epic victory in
Roe v. Wade.
They've been
losing ever since**

By Kate Pickert

Photographs by Jamie Chung for TIME



The instruments Implements used to perform an abortion at North Dakota's only abortion provider, the Red River Women's Clinic in Fargo

It's 8 a.m. on a Wednesday, and Tammi Kromenaker is on the phone, trying to untangle an insurance snafu.

After 15 minutes of arguing with a billing operator, the director of the Red River Women's Clinic in Fargo, N.D., begins preparing for the patients who will soon arrive. Staff members trickle in. One puts a DVD of old sitcoms on the waiting-room television. Another straightens a pile of magazines. Someone brews a pot of coffee. By 10 a.m., the clinic is bustling with patients. Before the day is over, 18 women will undergo surgical abortions at Red River. Four others will receive abortion-inducing medication.

Kromenaker, a social worker, was born in January 1972, one year before the Supreme Court decided *Roe v. Wade*. She has spent her entire adult life providing abortion services and is among hundreds of clinic directors across the U.S. navigating an ever increasing number of state-imposed abortion regulations. At Red River, the only abortion clinic in North Dakota, a woman must wait 24 hours between scheduling an appointment and arriving at the facility. Once there, she must undergo a counseling, verification and testing process that lasts up to five hours. If she is a minor, she must notify her parents; get permission from one or both, depending on who has custody; or get approval from a judge. Like Medicaid programs in some 30 other states, North Dakota's does not cover abortion services except in instances of rape or incest or to protect the life of the mother.

In the past two decades, laws like the ones that govern appointments at Red River have been passed with regularity as pro-life state legislators have redrawn the boundaries of legal abortion in the U.S. In 2011, 92 abortion-regulating provisions—a record number—passed in 24 states after Republicans gained new and larger majorities in 2010 in many legislatures across the country. These laws make it harder every year to exercise a right heralded as a

crowning achievement of the 20th century women's movement. In addition to North Dakota, three other states—South Dakota, Mississippi and Arkansas—have just one surgical-abortion clinic in operation. The number of abortion providers nationwide shrank from 2,908 in 1982 to 1,793 in 2008, the latest year for which data is available. Getting an abortion in America is, in some places, harder today than at any point since it became a constitutionally protected right 40 years ago this month.

It might seem as though recent electoral victories by Barack Obama and congressional Democrats set the stage for a reversal of this trend. The President's campaign mobilized Democratic voters and women around the issue of reproductive rights—an effort that produced, according to some exit polls, the widest gender voting gap in history. But while the right to have an abortion is federal law, exactly who can access the service and under what circumstances is the purview of states. And at the state level, abortion-rights activists are unequivocally losing.

Part of the reason is that the public is siding more and more with their opponents. Even though three-quarters of Americans believe abortion should be legal under some or all circumstances, just 41% identified themselves as pro-life in a Gallup survey conducted in May 2012. In this age of prenatal ultrasounds and sophisticated neonatology, a sizable majority of Americans supports abortion restrictions like waiting periods and parental-consent laws. Pro-life activists write the legislation to set these rules. Their pro-choice counterparts, meanwhile, have opted to stick with their longtime core message that government should not interfere at all with women's health care decisions, a stance that seems tone-deaf to the current reality.

Pro-choice activists' failure to adapt to

the shift in public attitudes on abortion has left their cause stranded in the past, says Frances Kissling, a longtime abortion-rights advocate and former president of Catholics for Choice. Kissling is part of a small group within the pro-choice movement trying to push the cause toward more nuanced stances. "The established pro-choice position—which essentially is: abortion should be legal, a private matter between a woman and her doctor, with no restriction or regulation beyond what is absolutely necessary to protect the woman's health—makes 50% of the population extremely uncomfortable and unwilling to associate with us," she says.

At the same time, a rebellion within the abortion-rights cause—pitting feminists in their 20s and 30s against pro-choice power brokers who were in their 20s and





The waiting room

A patient at Red River clinic awaits consultation with a doctor

305 when *Roe* was decided—threatens to tear it in two. Many young activists are bypassing the legacy feminist organizations that have historically protected access to abortion, weakening the pro-choice establishment at the very moment it needs to coalesce around new strategies to combat pro-life gains and connect with the public.

As memories of women dying from illegal pre-*Roe* abortions become more distant, the pro-choice cause is in crisis. In 1973, female lawyers from the Center for Constitutional Rights said *Roe v. Wade* was “a tribute to the coordinated efforts of women’s organizations, women lawyers and all women throughout this country.” Writing a new playbook for the pro-choice cause—one that ensures that *Roe* is not overturned and that access to abortion is preserved and even expanded—would

require the same kind of coordination. If abortion-rights activists don’t come together to adapt to shifting public opinion on the issue of reproductive rights, abortion access in America will almost certainly continue to erode.

In many ways, the fight to preserve access to abortion is even more daunting than the fight to legalize it 40 years ago. In a dynamic democracy like America, defending the status quo is always harder than fighting to change it. The story of pro-choice activism after *Roe* reveals that there may be nothing worse for a political movement’s future than achieving its central goal.

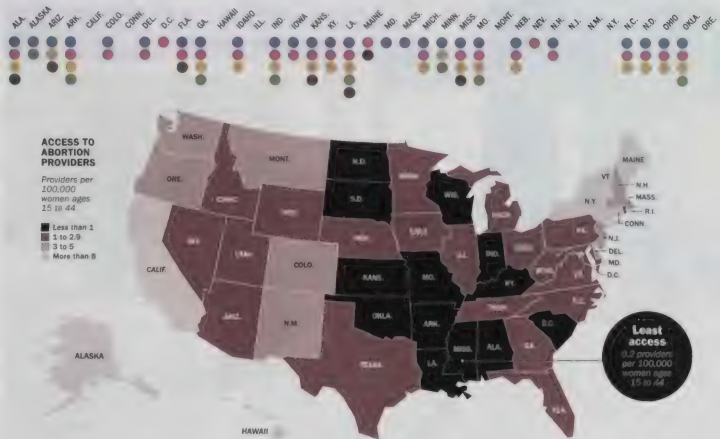
AROUND HER WORKSPACE AT RED RIVER, Kromenaker has tacked up photographs of her daughter and phone numbers for

the Fargo police department and a security hotline operated by the National Abortion Federation. In the filing cabinet behind her desk, she keeps a green folder full of mail from pro-life activists. The correspondence ranges from vaguely threatening notes to prayers on behalf of Kromenaker, the doctors who work at Red River and their patients. Kromenaker is proud and outspoken about her work, but she takes different routes to work every day to avoid falling into a routine that might make her a target for pro-life zealots. (Abortion doctor George Tiller was at his regular Sunday church service when he was shot and killed by a pro-life activist in 2009.) “Even if I’m at Target looking at clothes, I never let my guard down,” she says. It might seem like paranoia to be so vigilant, but in the late 1990s,

Invisible Barriers

Fewer providers and more regulations have made accessing abortion services more difficult

Abortion regulations, state by state



Kromenaker testified at the trial of a man accused of trying to start a fire at a clinic where she worked before Red River.

In 2011, Kromenaker testified again, this time at a committee hearing in the North Dakota state senate, which was considering a bill passed by the house that sought to ban medication-induced abortions, among other provisions. Despite Kromenaker's testimony and the efforts of pro-choice activists in North Dakota, the bill passed the state senate 42 to 5 and was signed into law on April 18, 2011. (Red River is suing to overturn the law, which a judge has blocked from going into effect.)

In November, feminists celebrated the defeat of U.S. Senate candidates Todd Akin of Missouri, who said a woman's body can resist a pregnancy in the case of "legitimate rape," and Richard Mourdock of Indiana, who said pregnancies conceived in rape are "intended" by God. Even before

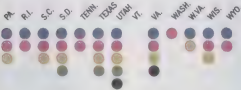
Election Day, Cecile Richards, president of Planned Parenthood, said, "This past year and a half has been a remarkable period of unifying women and men and a whole new generation of folks who understand that none of these rights or access can be taken for granted."

Yet the candidate who beat Mourdock, Democrat Joe Donnelly, is also pro-life and believes abortion should be illegal except in cases of rape or incest or to protect the life of the mother. Voters in Indiana also elected conservative Republican Representative Mike Pence as the new governor. Pence has been introducing legislation since 2007 to eliminate federal funding for women's health clinics that provide abortions, including a GOP House effort to defund Planned Parenthood in 2011. And in North Dakota, which has a Republican governor and legislature, Kromenaker is girding for new legislation she expects to

be introduced that would grant fetuses "personhood" status and directly challenge the constitutional basis for *Roe v. Wade*.

The modern era of state restrictions on abortion began in 1992 with the Supreme Court's decision in *Planned Parenthood v. Casey*. The court upheld *Roe v. Wade* but said states have a right to regulate abortion as long as they don't write laws that impose an "undue burden" on women. Pro-life politicians enacting laws to limit abortion are now testing the limits of the *Casey* ruling. Their ultimate goal is to land another abortion case before a sympathetic Supreme Court in an attempt to overturn *Roe*. Along the way, in what Charmaine Yoest, president of the anti-abortion group Americans United for Life, describes as a strategy to "work around *Roe*," pro-life activists hope to severely—or completely—curtail access to abortion at the state level.

- Parental notification or consent
- Medicaid funds only if mother's life is endangered or in cases of rape or incest
- Waiting period
- Counseling on fetus' ability to feel pain
- Ultrasound



4

States with only one surgical abortion clinic

Arkansas
North Dakota
Mississippi
South Dakota

92

Number of abortion-restricting provisions passed by state legislatures in 2011

Notes: South Dakota provides Medicaid funds only in cases involving the endangerment; Indiana, Utah and Wisconsin make exceptions for grave health danger to the woman; and Mississippi and Virginia for fetal impairment

Source: Guttmacher Institute, 2008. Data for Arkansas, Mississippi and South Dakota courtesy of TIME reporting

In Mississippi, pro-life activists pushed for passage of a 2012 law requiring that doctors who perform abortions have admitting privileges at local hospitals. None of the out-of-state physicians who perform abortions at the state's sole abortion clinic have these privileges. The clinic remains open while a federal judge examines the constitutionality of the law and whether it presents an undue burden to women seeking abortions. Governor Phil Bryant, who signed the law, said it was part of an effort to "end abortion in Mississippi."

The Volunteer Women's Medical Clinic in Knoxville, Tenn., was open for 38 years before it closed in August 2012, citing the state's Life Defense Act, passed earlier in the year, which also requires doctors to have hospital admitting privileges. A doctor who worked at the facility obtained hospital privileges but died suddenly of a stroke, and clinic director Deb Walsh said

she couldn't afford to keep her doors open while she tried to replace him.

In Virginia, the state board of health adopted a rule last year requiring abortion clinics to comply with architectural zoning regulations for hospitals. Like the Mississippi law and one just enacted in Michigan requiring abortion clinics to be licensed, the Virginia rule seems designed to make clinics safer, but there is little evidence that women's health had previously been in danger. Loretta Ross, who co-founded Sister Song, an Atlanta-based reproductive-rights group focused on the needs of women of color, is among those in the pro-choice movement who marvel at the pro-life strategic vision even though she opposes its goals. "The entire women's-health movement was predicated on the lack of women's safety and gender consciousness in health care settings," says Ross. "It is a classic example of our opponents learning from us and taking our script."

In fact, those most affected by new zoning laws are independent clinics like Red River, whose tight margins make it financially burdensome for them to adapt to new requirements. Planned Parenthood is the largest abortion provider in the U.S., but independent clinics collectively deliver the majority of abortions in America. And as abortion services have become concentrated in specialized clinics—as opposed to hospitals, which accounted for the vast majority of abortion facilities in 1973—clinics have become easier targets. Pro-life groups celebrate every clinic closure.

The other strength of the state-based clinic laws, which often are based on text written by pro-life activists and lawyers and distributed to lawmakers, is that they are hard to campaign against. The zoning regulation in Virginia, for example, would require abortion clinics to widen all hallways to 5 ft. (1.5 m). "Is that the kind of thing that will rally voters?" asks Cristina Page, author of the book *How the Pro-Choice Movement Saved America*. "We're not going to expand these hallways to be 5 ft. wide!" is not a compelling message. The villain is now in the fine print."

WHEN THE RED RIVER CLINIC OPENED in downtown Fargo 15 years ago, the surrounding area was a sea of blight and empty storefronts. In the years since, the area has undergone a dramatic revitalization that recently earned it a spot on a list of great neighborhoods in America. Two doors down from the clinic, customers of a deli check out using iPads. Across the street, a boutique hotel and restaurant serves up

scale cocktails and locally sourced food.

The beige brick building that houses the clinic looks like a vestige of a more hostile era. A glass-block wall shields those inside from view. The lock on the interior door is operated by a switch inside, and patients are buzzed in only if they have appointments. Twenty to 25 abortions are performed every week at Red River, and the procedures are usually all scheduled on a single day. On these days, a staffer inside watches a set of closed-circuit televisions monitoring the entrance and the handful of protesters from a local Catholic church who show up and mill around out front with graphic signs showing aborted fetuses.

The atmosphere outside is tense, but inside, on the second floor, the waiting room is filled with sunlight. Lush houseplants are perched everywhere, and signs and posters decorate the walls: YOU ARE BEAUTIFUL. WE TRUST WOMEN. WELL-BEHAVED WOMEN RARELY MAKE HISTORY.

Kromenaker, who has run Red River since it opened, was born in a small town in northern Minnesota. Her family later settled in a suburb of Minneapolis, and Kromenaker graduated from Minnesota State University at Moorhead, just a few miles from Fargo. She and her husband, a California native, have stayed put in part so she can continue her work. "We're committed to this clinic," she says.

In Fargo, Kromenaker is battling the state legislature and the local pro-life community. But in Washington, establishment pro-choice activists are dealing with another set of threats that are mostly self-inflicted. What pro-choice activists call "the movement" is in many ways more fragmented than it's ever been, thanks to a widening generational divide. The problem is rooted in leadership, which is concentrated in a small but powerful army of women who were in their 20s and 30s when Roe was decided and who now oversee a number of establishment feminist organizations, including NARAL Pro-Choice America, run by Nancy Keenan, 60; the National Organization for Women, headed by Terry O'Neill, 60; and Feminist Majority, run by co-founder Eleanor Smeal, 73.

Some of these leaders and their similarly aged deputies have been reluctant to pass the torch, according to a growing number of younger abortion-rights activists who say their predecessors are hindering the movement from updating its strategy to appeal to new audiences. This tension had been brewing for years, but in 2010, Keenan told *Newsweek* that she worried that the pro-choice cause might



Tammi Kromenaker
Clinic director

'I never let my guard down.'



Steph Herold
Activist

'No one can say anymore that young people don't care about this issue.'



Erin Matson
Former NOW Action
organizer

'We're in the middle of a generational shift.'

be vulnerable because young people weren't motivated enough to get involved. The complaint struck young activists like Steph Herold, 25, as an effort to place blame on others for mistakes the establishment pro-choice movement has made along the way. "They are the generation that gave us legalized abortions, but they also screwed up," says Herold, pointing to the pro-choice establishment's failure to stop the 1976 Hyde Amendment, a law that prohibits federal funding of abortions and disproportionately affects poor women. At a conference last May, Herold heard a women's-clinic owner who has worked in the abortion field for some 40 years echo Keenan's complaint—that young people aren't involved enough in the pro-choice movement. Herold was furious. She stood up and, trembling, walked to a microphone. "We're counseling your patients and stuffing your envelopes," Herold told the clinic owner. "You should be talking to us and not just about us."

The power struggle isn't based on differences over the right to access abortion. Young activists fighting for reproductive rights have the same hard-line view of abor-

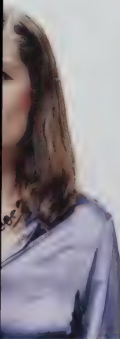
tion access as their predecessors: they say it should be unrestricted by state governments and that the decision to terminate a pregnancy should be left solely to women and their doctors. But the infighting could splinter the movement if the younger generation abandons those feminist institutions that have traditionally been the headquarters for voter-mobilization campaigns, fundraising and lobbying, the lifeblood of any political movement. Erin Matson, 32, became a vice president of NOW in 2009 but recently resigned. "When you want to build a jet pack, sometimes that means you have to leave the bicycle factory," she says.

Matson says she is considering starting a new organization to specifically target young people. "A number of young women are just saying, 'To hell with it, I'm just going to lead,'" she says. "It's easier for young women to exercise leadership right now than before we had this technology." The technology Matson refers to is the Internet. Last February, when the Susan G. Komen breast-cancer foundation eliminated its long-standing grant funding for Planned Parenthood, a backlash quickly ensued on Twitter. Under tremendous

pressure, Komen reinstated the funding. After the episode, says Herold, "No one can say anymore that young people don't care about this issue."

In addition to being nimble at Web-based activism, young feminists have another advantage when appealing to millennial voters, who will make up some 40% of the electorate by 2020: relatability. "We need more leaders in this movement who are of reproductive age," says author Page, 42. Sandra Fluke, the law student Republicans barred from testifying before a congressional committee last year, was a valuable asset to the pro-choice cause in part because of her relative youth. She spoke publicly about the personal reproductive rights and birth control choices of her peers. Keenan, who has become aware that her own age might impede her effectiveness, announced last May that she would step down in 2013. She said she hoped a younger person could replace her. "They're chomping at the bit to have their opportunity," she says.

Young abortion-rights activists have a strategy to modernize the cause, which includes expanding it. They often don't even mention the term *pro-choice*, which



Nancy Keenan
NAHAF Pro-Choice
America president

'They're chomping at the bit to have their opportunity.'

Loretta Ross
Sister Song co-founder

'Our opponents [are] learning from us and taking our script.'

they say is limiting and outdated. Instead these young leaders have embraced a cause known as reproductive justice—a broader, more diffuse agenda that addresses abortion access but also contraception, child care, gay rights, health insurance and economic opportunity. "It's a more holistic frame," says Matson. "And you see younger people connecting with that."

The term *reproductive justice* was coined in the 1990s by black feminists who wanted to broaden the appeal of reproductive rights and speak to the needs of African-American women, whose abortion rate is 3½ times that of white women. "The pro-choice movement would focus on 'Let's open more clinics.' The anti-choice movement would say, 'Let's stop women from going into them,'" says Ross, 59, of Sister Song. "Those of us in the reproductive-justice movement would say, 'Let's ask why there is such a high rate of unintended pregnancies in our community. What are the factors driving that?'"

Addressing issues like economic disparity marks a major shift from the pro-choice messages of the 1970s that made choice the optimal virtue and an end in it-

self. But the shift, says Ross, is the natural maturation of the pro-choice movement and worth the extra effort. The abortion rate in impoverished black communities has remained disproportionately high despite efforts by Planned Parenthood and others to provide access to family-planning services. "What this proves," says Ross, "is that if people are not convinced that they have realistic economic and educational opportunities, you could put a clinic in a girl's bedroom and she would still think early motherhood is a better choice."

EYE CONTACT CAN BE HARD TO COME BY at Red River. Many patients walk the halls with their heads down and their arms crossed. In journals scattered throughout the clinic in which women are invited to express their feelings, patients write about nonsupportive husbands and boyfriends and ask God for forgiveness. They write about how they can't afford to support another child and how they are so glad Red River exists. Amid the low hum of ringing phones, the sound of a staffer reading a state-mandated script to women wafts

through the clinic's upper floor: "North Dakota law defines abortion as terminating the life of a whole, separate, unique living human being."

When her name is called, a surgical-abortion patient descends a set of stairs and steps into a room where a technician performs an ultrasound. Afterward she enters an exam room and is met by the physician on duty. On this Wednesday it's Dr. Kathryn Eggleston, who informs the woman that she's reviewed her chart and asks, "Are you confident in your decision to have an abortion today?" If the woman says yes, the abortion begins; the whirring of the vacuum aspirator used to extract the fetus can be heard in the hallway. Within 15 minutes, Eggleston emerges from the room and enters another where the removed contents are examined and photographed for the medical record.

In the recovery room, where patients rest in overstuffed leather recliners, Kromenaker chats with a 20-something woman who declined Eggleston's offer to go on birth control. "Do you have a boyfriend?" Kromenaker asks. No. Kromenaker runs through a few ancillary health benefits of

birth control anyway, hands the woman some condoms and pats her shoulder.

A 24-year-old patient who drove 80 miles (130 km) alone to reach the clinic says she and her boyfriend decided together not to continue her pregnancy, which was six weeks along. "Neither of us is anywhere near baby time right now. We argue over who will take the dog out some days, so I don't think the diaper changing would go much better." Another young woman at the clinic that day is less sure. When Eggleston asks if she is confident, the patient says no. Eggleston questions her further, and once it's clear that the woman is conflicted, she gives her prenatal vitamins and sends her home. The woman returns a week later. This time she does not change her mind.

About three-quarters of the patients at Red River are under 30. More than half have at least one child; about one-third have had a previous abortion; fewer than 4% are minors. These statistics roughly mirror national data. In all, more than 50 million legal abortions have occurred in the U.S. since *Roe v. Wade*. According to the Guttmacher Institute, a reproductive-rights group whose statistics are cited by both pro-life and pro-choice activists, nearly 1 in 3 American women will have an abortion by age 45. Some 90% of abortions occur in the first trimester of pregnancy.

The abortion war, like many other political fights, is largely waged on the margins of reality. Review the policies that have stoked widespread national debate and it's easy to assume that late-term (otherwise known as partial-birth) abortions and those performed on underage girls or women impregnated by rape or incest constitute the bulk of terminated pregnancies. In truth, these are mere slivers of the abortion story in America. And on the whole, there is little public disagreement on the merits of abortion in such cases. Most Americans support access to abortion in cases of rape or incest or when the mother's life is threatened, along with a raft of common state abortion restrictions. Gallup data shows that 79% of pro-choice Americans believe abortion should be illegal in the third trimester of pregnancy and that 60% support 24-hour waiting periods and parental consent for minors.

Establishment abortion-rights organizations oppose nearly all abortion-specific regulations. Pro-life activists view their opponents' hard line as an opportunity to use public support to push for laws that have the indirect effect of making the process of terminating a pregnancy more time-consuming and expensive. "As we work on this common-ground package of legislation,



The operating room
An exam table where doctors
perform abortions at the
Red River Women's Clinic

we are more where the American people are," says Yoest of Americans United for Life.

Activists like Yoest are playing a long game that kicked off when the antiabortion movement wholly adopted the label *pro-life* in the 1970s. Then, in the 1980s and '90s, as pro-life protesters were dragged to court over their activism at abortion clinics—blockading entrances, "counseling" patients seeking abortions and occasionally resorting to violence against doctors and staff—they slowly built a formidable legal apparatus that serves their cause today, says Joshua Wilson, an assistant professor of political science at John Jay College whose book *The Street Politics of Abortion* will be published this year. Of pro-life activists he says, "If they can get laws on the books, great, because they have the legal resources to defend them when they're challenged. It's an integrated strategy that's very impressive."

The antiabortion cause has been aided by scientific advances that have complicated American attitudes about abortion. Prenatal ultrasound, which has allowed the general public to see fetuses inside the womb and understand that they have a human shape beginning around eight weeks into pregnancy, became widespread in the 1980s, and some babies born as early as 24 weeks can now survive. Cultural norms about unwed pregnancy have shifted as well in the decades since *Roe v. Wade*. "In general, the pro-choice movement leaves

people with the feeling that we don't see these things as complex because the answer is almost always, Well, it's a woman's decision," says Kissling, formerly of Catholics for Choice. "And that's true, but we don't have kitchen-table conversations at the national-advocacy level."

Kissling opposes the specific state laws pushed by pro-life activists but says the pro-choice movement's effort to "normalize abortion" is counterproductive. "When people hear us say abortion is just another medical procedure, they react with shock," she says. "Abortion is not like having your tooth pulled or having your appendix out. It involves the termination of an early form of human life. That deserves some gravitas."

WHILE A RETURN TO THE PRE-*ROE* DAYS OF back-alley abortions seems inconceivable—even in the face of so many new state laws restricting access to abortion—there is concern among pro-choice advocates that in places like North Dakota, where the nearest abortion clinic could be hundreds of miles away, women might be driven to take unnecessary risks. Those in the abortion-provider community say they worry that women in rural areas might try to purchase pregnancy-terminating medication on the Internet without a doctor's supervision. Amplifying this fear is the fact that the generation of doctors who stepped up to perform legal abortions after *Roe* have retired or died without a robust new class of physicians to take their place. Efforts are under way at many obstetrics-gynecology and family-practice residency programs to offer abortion training to more doctors, but the specter of protests and unwanted attention remains. "It's a vicious cycle," says Eggleston of Red River. "If more of us were doing it, there would be less stigma."

The smaller number of doctors willing to perform abortions has likely contributed to a fairly steady drop in the overall abortion rate, from about 30 per 1,000 women ages 15 to 44 in 1981 to about 20 per 1,000 in 2008, according to Guttmacher. Widespread access to birth control, which the pro-choice movement strongly supports; changing attitudes about family and fetuses; and state regulations are also cited as reasons. In theory, a lower rate of abortion might be something for both sides of the abortion debate to share credit for and even celebrate. But it also illustrates the ultimate challenge for pro-choice advocates. Their most pressing goal, 40 years after *Roe*, is to widen access to a procedure most Americans believe should be restricted—and no one wants to ever need. ■



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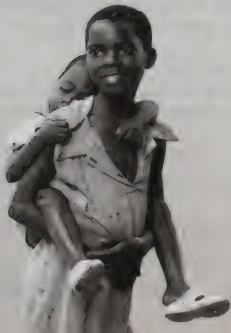


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Women won the vote when we believed.

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James Gandolfini reunites with the creator of *The Sopranos* for a rock 'n' roll period piece
PAGE 52

The Culture

50 POP CHART Kimye's baby / **52 MOVIES** *A Sopranos* minireunion / **56 TECH** Resolutions on your sleeve

Pop Chart

Museum—reproduction—reproduction
 Photo—reproduction—reproduction
 Reprinted—reproduction



GOOD WEEK BAD WEEK

Tom Cruise
 New film *Jack Reacher* is performing decently in theaters

Katie Holmes
 New Broadway show *Dead Accounts* is closing because of poor ticket sales



CHAMPAGNE Fizzling Out

Did you pop some bubbly on New Year's Eve? Chances are you weren't in Europe, where Champagne sales were down by about 5% in 2012. Economic worries led to fewer celebratory toasts there, while makers eyed sparkling markets in Japan, China and the U.S. Cheers to a rebound!



PLAY ON *Spacewar!*, the world's first digital video game, was originally designed to show off a new computer. Decades later, the time killers are a cultural force all their own, worthy of an exhibition at the Museum of the Moving Image in Queens, N.Y. Through March 3, it'll offer a fully playable journey through 50 years of video-game history, including 1978's *Space Invaders* (for arcade) and 2011's *Child of Eden* (for the Xbox 360).

THE ONLY

#KimyeBaby Names

Within hours of Kanye West's surprise announcement of girlfriend Kim Kardashian's pregnancy—the referred to his "baby mama"—during a concert in Atlantic City, N.J., Twitter was abuzz with baby names. A few of our favorites:

• Kanye D'ad Kilid and
 • Kanye La, how I thought

THE ONLY

THE ONLY

THE ONLY



QUICK TALK Allison Williams

Lena Dunham might be the face of *Girls*, the HBO show about 20-somethings stumbling into adulthood in New York City (returning Jan. 13 at 9 p.m. E.T.), but Allison Williams is certainly making her mark as Marnie, the type-A yin to Hannah's (Dunham's) hot-mess yang. Here, the 24-year-old actress lets loose with TIME. —DAN MACSAY

The new *Girls* tagline is "almost getting it kind of together." Heading into Season 2, which character is the biggest mess? At the top of the season? It's probably Marnie. Not that you're biased or anything. No, I know. I'm going through the characters in my head, and Marnie [who broke up with longtime boyfriend Charlie] has had the whole rug pulled out from underneath her.

She really is the biggest mess. So does she get it together? Almost?

Kind of? It's mostly a season of flailing for her. But I think that's really important. People who claim to have it all together

need to have a realization that everything isn't perfect and that that's O.K. **What do your parents [Jane Gillian Stoddard and NBC News anchor Brian Williams] think of the show?** My entire family likes the show. In fact, my grandparents watch it.

You shoot some pretty racy scenes, though—sex, drugs, masturbation.

That's never awkward. O.K., I was concerned about that. But they quickly reminded me that they've been alive so much longer than I have, and they've seen it all. **You've said you watch a lot of TV.** Oh, I watch everything.

Really. Honestly. Which show is your guiltiest pleasure? *Bachelor Pad* [ABC's competition for contestants on *The Bachelor* and *The Bachelorette*]. Even my most devoted *Bachelor*-fan friends are like, I gotta bow out for this one. But I always stick through it.

HEALTHY
**The Death
Of Taste?**

TLC's *Best Funeral Ever* doesn't premiere until Jan. 6, but the one-hour special—which follows a Dallas funeral-home staff as they plan over-the-top affairs—is already being called the most tasteless reality show of all time. But is it really? We took back at other offenders.

TELEVISION
**Temptation
Island**

Couples are separated, with attractive temptresses of the opposite sex adding extra temptation to seduce.



TELEVISION
Boy Meets Boy

Gay couples have to find love with a former, same-sex admin. at a school.

TELEVISION
**Who's Your
Daddy?**

Adults who were adopted as infants are placed in a room with a former. One is their father, the others impostor.

TELEVISION
**Toddlers &
Tiaras**

Parents encourage young children to wear tiaras, jewelry or make-up for pageants.



TELEVISION
Bridalplasty

Today's women compete for a dream wedding—and a full-body makeover—clash with beautiful, invasive plastic surgeons.



SWING DANCE Sure, swings are fun. But at Manhattan's Park Avenue Armory, they're also functional. Each one is attached to a sprawling silk curtain that billows and ripples with every rocking motion. The *Event of a Thread* installation, by visual artist Ann Hamilton, features 42 wooden swings hanging from 70-ft.-long ropes and is designed to appeal to children and grownups alike. It runs through Jan. 6.

LES WOW

**\$18.1
million**



Open Monday, host Kanye West only in the U.S., more than for any other movie market. Instead of the two, it grossed nearly as much around the world. It's the most successful film in the genre.



BRANDING
Yo, No

If you've ever heard a rowdy teenager shout "YOLO"—short for "you only live once"—you can thank Drake, who popularized the term in a song. But now that retailers are starting to sell YOLO gear, the Canadian rapper wants to profit: "Walgreens... you gotta either chill or cut the cheque," he wrote on Instagram. Sorry, Drake. YOLO; you only trademark once.

3 THINGS YOU DON'T HAVE TO WORRY ABOUT THIS WEEK

1. More overexposure to "Gangnam Style."
Korean rapper Psy announced he planned to "retire" the song in the U.S. after performing it on the *Dick Clark's New Year's Rockin' Eve* special on ABC.

2. Getting your Angiofibroma fix.
Downton Abbey returns for its third season Jan. 6 on PBS.

3. A dull Great Gatsby soundtrack. Rapper and American Dream embodiment Jay Z is reportedly composing the score for the Baz Luhrmann film.

Getting the Band Back Together

Not Fade Away reunites a trio of Sopranos

By Belinda Luscombe

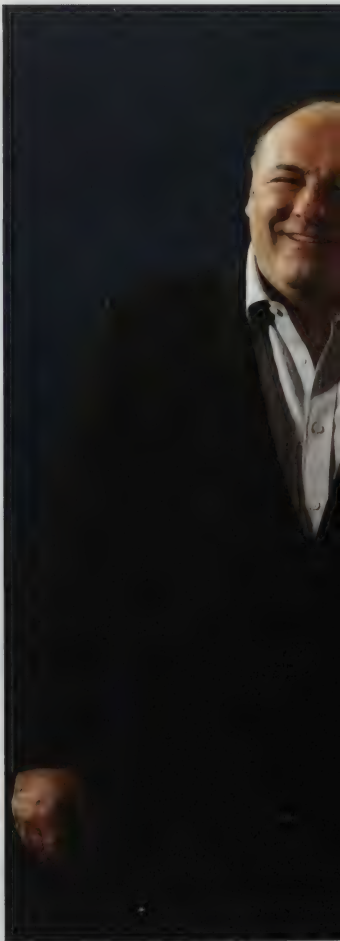
BY THE TIME IT WENT OFF THE AIR IN 2007 AFTER SIX SEASONS, The Sopranos was more than a TV show. One of the most colorful, violent and compelling depictions of organized crime and family life in any medium, it had become one of the sacred texts of its era. Now three of the mainstays of the series—creator and writer David Chase, star James Gandolfini and supporting player Steven Van Zandt—have reunited for a film. What epic tale brought the triumvirate back together? The story of Douglas (John Magaro), a kid in 1960s New Jersey who joins a rock band, meets a girl, leaves his family and finds his home. Chase wrote and directed Not Fade Away (now in wide release), Van Zandt was music supervisor, and Gandolfini again plays the gruff paterfamilias, only this time without the criminal connections. The three came together—Chase and Van Zandt in New York City, Gandolfini phoning in from Los Angeles shortly after the birth of his daughter—to discuss their unexpected choice.

After creating such a culture-defining show, why this smaller story?

Chase: All my friends, including Steven, advised me to do something else, a taut crime drama. And I was up for that, but I had this in my head, and I couldn't get rid of it. On *The Sopranos* I loved working with the music, and I wanted to continue, but I knew this would be a hard one to get

made. *The Sopranos* was, as you say, a culture-changing event. I had a certain amount of capital, and I thought, Spend that now because you may not have it later.

Van Zandt: I felt like, You have this opportunity—do something huge. You can always do a small one later. But what is he going to do? *Transformers 12*? This is the one he's passionate about.





The Sopranos wasn't *The Sopranos* when it started. People take for granted now that it was this big cultural epic, but it wasn't always that way. It was a very eccentric show in the beginning.

David, you actually were a drummer in your youth. How much of this story is autobiographical?

Chase: The unfolding of events isn't as they really happened. But it represents my feelings when I was in my early 20s.

Did your band have a name?

Chase: We had several names, but we never used any of them. We never played anywhere. There was no reason for us to have a name.

How much was this like getting the band back together, in that band members don't always get along?

Gandolfini: I didn't think he'd want to work with me again, personally, so I was pretty pleased and shocked to be asked. [*Van Zandt and Chase laugh heartily at this but do not comment.*]

It wasn't like, say, when the Police have a reunion tour and you can kind of tell they don't like one another?

Van Zandt: It was all about money all along with them, to be honest. Oh, I forgot, this is on the record, isn't it? I don't care. The three of us didn't need to do this.

Chase: No one did this for the money.

Van Zandt: We're all doing fine, you know? We wanted to work with each other again, as opposed to needing to.

Did you find you had a shorthand?

Gandolfini: Yeah. The shorthand always comes from "I understand your humor." I understand the humor and



The band with no name From left: Will Brill, Brahm Vacarella, John Magaro and Jack Huston as members of a music group with dreams beyond New Jersey in the 1960s-set *Not Fade Away*

the anger. Part of it is we all come from Jersey, from the same ethnic background.

Chase: I can see it right now—I'm looking across the Hudson River to where we came from. **Gandolfini:** Oh yeah? I'm envious. I'm looking at a f---ing palm tree. I think it does help to come from the place. I'll never, ever play a Southerner again, let's just put it that way.

Van Zandt: You were a good Southerner [in *All the King's Men*].

Gandolfini: I sounded like Foghorn Leghorn.

David, in *The Sopranos*, Livia Soprano was an exploration of your mother. Is this now your father film?

Chase: Well, I wouldn't call it the father film, but this is one of the ways that it's personal. [Pat, Gandolfini's character] is very much like my father. In fact, his line "You look like you just got off the boat"—that was my father's line. Another line he used to say all the time

was "One of these days you and me are gonna tangle."

The parents seem so unhappy.

Gandolfini: That generation had the war and the Depression. They didn't expect this whole thing of happiness. I admire that generation a lot, but my parents were not a bundle of joy, that's for sure.

Van Zandt: Jimmy's playing everybody's father, you know? Our generation was defined by a generation gap. It's one of the few times in history where it was that dramatic a shift between the past and the future, where the parents could not relate to their children.

Gandolfini: We try to communicate with our children and I get a little bit of a stomach ache, probably. One of the things that struck me in the movie was that I remember the time—I must have been in my 20s—when I first realized my father was a human being with goals and desires that perhaps he didn't get because he had to raise a family. And I remember just sitting there going, "Holy s---."

Chase: My mother comes from a family of 10 children. And my father, I think it was 11 or 12. And of all of those families, mine was the most joyless.

What was the hardest thing to teach young actors about playing in a band from that era?

Van Zandt: We immersed them in the culture. Which means they walked into my office, because I'm not nostalgic about the '60s—I never left. I have every book, every record, every video of all that '60s rock stuff. The other half of my office is a studio where they would play five, six hours a day. I sometimes have difficulty getting across to young people that David put in the movie—that there's a craft. But three out of four of these kids learned how to play from scratch, never having touched an instrument in their lives. Took me, like, seven years, so I don't get it.

There's a Plato quote in the movie, "When the music changes, the walls of the city shake." Do you really believe that?

Chase: For some reason at that time, white teenagers made common cause with African-American adults. And part of it was through the music, because that music had its roots in the African-American experience. What happened to pop music gave birth to marches on Washington, especially the antiwar part of it. It was all tied up with race and identity politics, and music hasn't done that since then.

Van Zandt: You're dancing to the Temptations, and you're watching Jackie Robinson or whoever it is play sports. How much of a racist can you continue to be?

Chase: I'm sure my parents listened to Fats Waller, but it wasn't the same kind of identification. I actually think, as preposterous as it seems, teenagers back then felt like they were in a similar position to African-American people. Misunderstood. Undervalued. Oppressed. I know it sounds stupid. And it was. ■

'Our generation was defined by a generation gap.'

—STEVEN VAN ZANDT

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Tech

Track Stars.

How much health machine is built into your body? New fitness gadgets find out.

By Harry McCracken

GADGETS HAVE A LONG AND DISTINGUISHED history of helping human beings be more sedentary (exhibit A: the TV remote control). But the latest generation of battery-powered wristbands and clip-on devices aims to reverse that trend, encouraging healthy activity by tracking how many steps you've taken and calories you've burned. Lark's \$150 Larklife bracelet will even tell you to get off your duff: "Noticed you've been sitting for a while," its iPhone app chided me.

Far more engaging than any puny old pedometer, these accelerometer-equipped gizmos work with smart-phone apps and cloud-based services to let you monitor your progress and, unlike some earlier contenders like the Bodybugg, they don't charge an ongoing service fee. Two of them, Larklife and Jawbone's \$130 Up band, are designed to be worn around the clock and can wake you during the lightest part of your sleep cycle so you'll feel more refreshed than if you slept a bit longer.

Aesthetically, the sinewy Up is the least obviously nerdy device of the ones I tried. (It looks identical to the model the company yanked off the market in 2011 because of problems with water resistance.) And its feature-packed app offers the most stuff for folks who want to get healthy or stay that way. One nice, if labor-intensive, option: its app can turn your iPhone into a bar-code scanner to help you keep tabs on what you're eating.

Nike's \$150 Nike+ FuelBand doesn't track diet or sleep habits, yet it's the gadget I can most easily imagine sticking with for the long haul. That's because it has an LED display that let me check how I was doing without futzing with its app. Simply seeing that little screen, knowing it was quietly paying attention, made me more likely to hike up stairs, run errands on foot and otherwise prove that I take my health as seriously as it does. ■



FITBIT'S ZIP (\$60)

It has a built-in screen and a battery that lasts for months. The iPhone app (an Android one is coming soon) lets you set a weight goal and log your meals.

It's a clip-on, not a wristband. (Of all the fitness gadgets I tested, this is the only one I kept forgetting at home on my dresser.)

NIKE'S NIKE+ FUEL BAND (\$150)

The LED display shows how close you are to meeting your daily activity goal, and the app lets you compete against friends. Also, it's easy to charge the band from your PC's USB port, no cable needed.

Unlike some rival devices, it doesn't monitor sleep or eating habits.

LARK'S LARKLIFE (\$150)

This gadget syncs with an iPhone wirelessly and automatically. And it comes with swappable day and night bands so you can wear one while charging the other.

It's not water resistant, and the app is relatively rudimentary.

JAWBONE'S UP (\$130)

This is the best-looking of the bunch and comes with the most ambitious iPhone app. It can scan bar codes on food labels to help track nutrition info.

You can't sync it wirelessly, and chances are good you'll misplace its tiny recharging cable.

stitching the garden needlepoint pillow kits

Gardening and needlework have always gone together and these kits bring the garden indoors. Stitching is back in fashion as people look for something personal and different to add to their homes and the creative satisfaction of seeing one of these patterns grow is what makes needlepoint so popular today. Easy to stitch these kits come with all the material you will need and require the mastery of only one simple stitch. Premium quality at an affordable price.



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Joel Stein



Prediction: I Will Irritate Nate Silver

In which I force the king of statistics to help me forecast the year ahead

DESPITE MY CONTACTING THE world's leading experts, the predictions I've made in past columns have not been great. Last year I was sure there was going to be a surge in pimento-cheese consumption. For 2009 I called the Red Sox as World Series champs. In 2008 I said that when Dick Cheney was no longer Vice President, his friend would shoot him back in the face. In 2006 I thought a loophole in religious law would cause most Amish to be on rollerblades. In 2004 psychic James Van Praagh gave me a vision of a major fashion trend that never materialized: "Headpieces. I don't want to say hats. Not hats. But a simple hat kind of thing." The only prediction I got right was in 2003, when my lovely wife Cassandra predicted we'd soon spend a lot of money on a house, two cars, a Duxiana mattress and a Marc Jacobs handbag. And—this is the tragedy of her being named Cassandra—I did not believe her.

To do better this year, I decided to get all my predictions from Nate Silver, the statistician who predicted the winner of all 50 states in the presidential election and 31 of 33 Senate races. When I got Silver on the phone, however, he told me he hadn't yet done any number crunching on 2013. I asked him to just take some guesses, but he refused, noting that his book, *The Signal and the Noise*, is a warning about predictions that are not based on rigorous, data-driven models. "Peggy Noonan or Dick Morris—these people take themselves seriously. And that's harmful to people to people try-

ing to be informed," he said. People who take themselves too seriously are also harmful to people who are just looking for a little help on their stupid 2013-predictions column.

Luckily, I had done a little Silver-style work building my own predictive algorithm: successful, busy guy + endless pestering = agreeing to take dumb guesses just to get me off the phone. So for 15 minutes I tried to get Silver to take guesses on the Oscars, the economy, politics, sports, weather and world events. And for 15 minutes, he just kept repeating his talking points.

$$2013 = \sqrt{\frac{\text{runner} + \text{umbrella}}{\text{dollar} - \left(\frac{\text{bird} + \text{gas pump}}{\text{trophy} + \text{elephant}}\right)^2} + \text{donkey}}$$

Getting on the nerves of a math nerd is inversely proportional in difficulty to a math nerd's getting on the nerves of other people.

Eventually, a weary Silver shared two tricks he learned from the people on *The McLaughlin Group*, who are screamed at to make predictions every week. First: disguise reporting as a prediction. Unfortunately, my idea of reporting is to call Nate Silver, so I didn't have any news. But using other people's reporting, I bullied him into saying that *Lincoln* will win the Oscar for Best Picture. "Sure, I guess I agree. I haven't looked at this too much. It seems Best Picturey," he said. And that CNN will have an anchor shake-up. "That's a law of nature. You bring a new executive in and you're going to

have some consequences down the line," he said. Also, that Joe Biden will say something the media will deem stupid. "That's a law of nature too," he said.

The second trick they use on *The McLaughlin Group* is making predictions that don't have a deadline, like "The price of oil will rise." So we totally predicted that the price of oil will rise. Silver was also willing to proclaim that there will be a hurricane somewhere in the world and that "temperatures are very likely to be above average relative to long-term trends." And though I did not run it by him, I think it's safe to say he believes there will be problems in both Greece and Lindsay Lohan.

Using both tricks, Nate Silver was able to make some gutsy 2013 predictions about Nate Silver: He will sleep more, play a fair amount of online poker and go on vacation to Mexico. His blog will diversify into weather, education, health and economics. He will not receive dinner invitations from Dick Morris or Peggy Noonan.

I got off the phone frustrated that a man who can see the future is so unwilling to use that formidable power to entertain me. "Any predictions where your incentive is to make a splash are bull-," he said. His argument is, in essence, that when you have so much estimation delivered with certainty—bad predictions, rumors in celebrity magazines, plot fabrications to heighten reality shows, sentences that use the phrase *in essence*—truth is no longer trusted. He is fending off a pseudo-information tsunami of bloggers and pundits, brandishing his charts and yelling "Stop!" He is restricting himself to the honest, boring facts. Which makes me feel very, very safe in predicting that we're going to hear a whole lot less of him in 2013.

A black and white photograph of a man with a beard and mustache, wearing a denim jacket, looking thoughtfully to the side while smoking a cigarette. In the foreground, a pack of blu eCigs is visible, featuring the brand's logo. The overall mood is sophisticated and modern.

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10 Questions

Erdrich salvaged an old confessional and put it in her Minneapolis bookstore



Half-Chippewa novelist **Louise Erdrich** on her crime thriller, Geronimo's name and the good ideas of Richard Nixon

Were you surprised that your book *The Round House* won the National Book Award?

I was completely shocked. I didn't know how it would feel to win. I've been nominated twice before. My editor and I have a routine when we don't win. We look at each other and say, "We was robbed," and we smile at everybody else. So when my book was called out, I sort of lost consciousness. I can't remember what happened to me afterward.

How much of the novel is rooted in the reality of what happens on the reservation?

Crimes of sexual violence are absolutely a real problem, as is the difficulty in prosecuting them.

So is the book a crusade?

It's a suspense novel masking a crusade. The thing I wanted people to say is, "I could not put this book down." And then within that there would be this discussion of jurisdictional issues on reservations, of how tribal courts cannot prosecute a non-Native who commits a crime in Indian country. The first person [who tried to fix this] was Richard Nixon, who read the treaties and, as a true conservative, realized that certain rights should be inherent.

What are the main misunderstandings that non-Natives still have about Native Americans?

For many people, Native Americans are trapped in this 19th century ferocity.

The military loves to invoke that ferocity—like with the Blackhawk and the Apache [helicopters]—and so do sports teams. One case in point is that the code name for Osama bin Laden was Geronimo. Native Americans serve in the U.S. military in a rate that

far exceeds what one would expect from our [small] population. It's a point of pride to serve. The flag comes out first at every powwow. So to have Geronimo be associated with the enemy is very painful.

Your maternal grandfather was a tribal chairman, and you still visit the reservation a lot. How has it changed since your childhood?

Tribal commu-

nity colleges have been enormously beneficial to Native communities. People don't have to leave to get higher education. I see more young people understanding that our survival depends on them becoming lawyers.

You are a novelist and a bookstore owner in Minneapolis. Do you actually work in the store?

They wouldn't let me touch the cash register. Sometimes I just go in and straighten things out. I like to talk people into buying certain books.

Have you talked someone into buying one of your books?

I'm from North Dakota. We wouldn't do that!

Is there a book you feel you have to defend?

Ernest Hemingway's books. I deplore the way he depicted Native women. But his style of writing was a very formative influence on me.

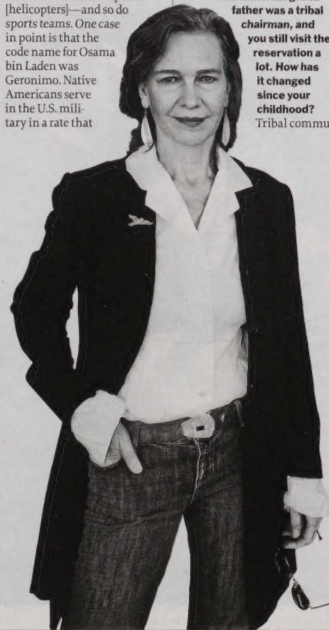
You went to Catholic school. Are you still mad at Catholicism?

I'm so full of fury that it doesn't even register anymore. It's not worth it. But I still feel a sense of fury at the ghastly idea that celibate old men can dictate what a woman does with her body.

Do you still have the confessional in your bookstore?

Yes, but now it's a forgiveness booth. You don't even have to touch it. It just exudes forgiveness.

—BELINDA LUSCOMBE



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